



# Congregation Kol Ami Religious School

## Tuition Information Form 2008-2009

### Tuition for students in Grades K thru Bar/Bat Mitzvah:

Members: \$600 per student  
 Non-Members: \$725 per student

### Tuition for Confirmation Class - Post Bar/Bat Mitzvah:

Members only: \$600

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10% sibling discount for additional child/children

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### Registration Fees for all students (Non Refundable)

\$30 per student prior to June 15, 2008 (which will be applied to your tuition)  
 \$50 per student after June 15, 2008 (\$30 of which will be applied to your tuition and \$20 is late fees)

Please note that the balance of the tuition and registration fees are to be paid in full prior to August 15, 2008 (unless special arrangements are made).

*Please print clearly:*

CHILD'S NAME	GRADE (in secular school)	SYNAGOGUE MEMBER?	TOTAL AMOUNT
		<input type="checkbox"/> yes / <input type="checkbox"/> no	
		<input type="checkbox"/> yes / <input type="checkbox"/> no	
		<input type="checkbox"/> yes / <input type="checkbox"/> no	

I agree to enroll my child in Congregation Kol Ami's Religious School for the 2008-2009 school year and pay the following tuition and registration fees by August 15, 2008

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

(Continued on other side)

**Parent Volunteer Opportunities:**

- \*I would like to be the Room Parent Liaison (Coordinates class projects & classroom snack schedule) Yes\_\_\_\_\_ No\_\_\_\_\_
- \*I would like to be a room parent Yes\_\_\_\_\_ No\_\_\_\_\_
- \*I would like to be a Big Sunday coordinator Yes\_\_\_\_\_ No\_\_\_\_\_
- \*I would like to be the Children's Services volunteer/greeter for High Holy Days Yes\_\_\_\_\_ No\_\_\_\_\_
- \*I am available to substitute teach if needed Yes\_\_\_\_\_ No\_\_\_\_\_

**Contact information:**

Parent Name \_\_\_\_\_  
E-mail address \_\_\_\_\_(required)  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_(required)

Second Parent Name \_\_\_\_\_  
E-mail address \_\_\_\_\_(required)  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_(required)

**Method of payment:**

- Check (enclosed)     MasterCard     Visa
- Discover     American Express

Acct.#: \_\_\_\_\_

Exp. date: \_\_\_\_\_ CCV# (last three digits on back of card): \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Congregation Kol Ami to debit my credit card in the following amount: \$ \_\_\_\_\_