

**Congregation Kol Ami Religious School
Member Registration & Tuition Form
2014-2015**

Please read the Registration and Tuition Payment information below and complete the form on the back. Send your completed registration to:

Congregation Kol Ami, 16530 Avondale Rd. NE, Woodinville, WA 98077

There is a ten percent discount for registrations turned in by July 31. A 25% deposit is required by September 1. A payment plan for any balance is also required by September 1.

Religious School Tuition

Religious School Enrollment is open to both members and non-members. The subsidized tuition rate is available only to children of members in good standing at Congregation Kol Ami. This means that you have made a membership financial commitment for 2014-2015, are current with all prior year charges, and have made at least one quarterly (or equivalent) payment by September 1. Contact the Kol Ami office at 425-844-1604 or admin@kolaminw.org for membership information. The Tuition form on the back of this sheet is for current members. For the non-member form, please contact the Kol Ami office.

Registration & Payment Dates

Registration Date: We ask that parents fill out the school registration information on the back and return this form NO LATER than July 31 to earn your ten percent discount. This information will enable us to provide sufficient staff and supplies for the coming school year.

Tuition Due Date: A minimum of 25 percent of the tuition must be paid, and financial arrangements made, by September 1. Payment plans must be arranged by filling out the information on the registration forms or by contacting the Temple at 425-844-1604 or admin@kolaminw.org. Refunds of tuition will not be made after the first month of classes.

Fee Reduction for Families with Three or More Children

Families with three or more children enrolled in Religious School pay the third and additional children's fees at a discounted rate (20 percent discount each).

Scholarships

Limited financial aid is available for families requiring tuition assistance. Financial aid applications are also due at or before registration. A committee will review the family's financial information to determine eligibility and the scholarship amount available. Please contact the Kol Ami Office for further information and application forms.

THANK YOU FOR SUPPORTING THE RELIGIOUS EDUCATION OF YOUR CHILDREN!

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Office use only
Date Received _____
Amount Paid _____

Please complete and return this form **by July 31** to:
Congregation Kol Ami; 16530 Avondale Rd. NE; Woodinville, WA 98077

Parent Name: _____
Student's Name: _____ **Grade:** _____
Student's Name: _____ **Grade:** _____
Student's Name: _____ **Grade:** _____

Thank you for enrolling your child(ren) in our Temple's Religious School. Children will be enrolled in classes once the minimum tuition is paid and financial arrangements have been made for the balance owed. There is limited financial aid available for those in need. If you need financial aid, please see the note below. *
Tuition Fees include the cost of books & materials. Refunds of tuition will not be made after the first month of classes.

Please fill out the following:

Type	# of Students		Rate	
Grade Pre K-4		x	\$650	=
Grade 5 - 7		x	\$800	=
3 rd + child discount (if child is in grade K-4)		x	-\$130	=
3 rd + child discount (if child is in grade 5-7)		x	-\$160	=

Sub-Total _____

10% discount if registered by July 31 - _____

I would like to make a donation to the Judy Simon Scholarship Fund, which helps families with financial difficulties. + _____

Total Amount Due: _____

Payment Options (Select Option A or B) – DUE BY SEPT 1

Option A	Option B
<input type="checkbox"/> Total Amount Enclosed Select one: <input type="checkbox"/> Check <input type="checkbox"/> Charge Credit Card <input type="checkbox"/> Sent via PayPal or AutoPay	<input type="checkbox"/> 25% Deposit Enclosed Select one: <input type="checkbox"/> Check <input type="checkbox"/> Charge Credit Card <input type="checkbox"/> Sent via PayPal or AutoPay My Balance will be paid: <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

For Credit Card Payments Only:
 Name on Card (please print) _____
 Card # _____ Expiration Date _____
 Cardholder Signature _____

* Please check here if you would like to discuss financial aid/scholarships.
 Home Phone: _____ Cell Phone: _____