

Congregation Kol Ami Religious School  
Member Registration & Tuition Form  
2015-2016

**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

**A 25% deposit and a payment plan for the balance is 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 2015-2016, 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](mailto: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 September 1. 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](mailto: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 member 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!**

Congregation Kol Ami Religious School  
Member Registration & Tuition Form 2015-2016

**Office use only**

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Please complete and return this form **by September 1** to:  
Congregation Kol Ami; 16530 Avondale Rd. NE; Woodinville, WA 98077

**Parent Name:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Thank you for enrolling your child(ren) in our 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. \*

**Refunds of tuition will not be made after the first month of classes.**

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

**Sub-Total** \_\_\_\_\_

Donation to the Judy Simon Scholarship Fund + \_\_\_\_\_

Donation to the Sheilah Gurevich Camper Fund + \_\_\_\_\_

**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.

Phone: \_\_\_\_\_