



# TUITION FORM 2018-2019

<u>FOR OFFICIAL USE ONLY</u>	
Date:	_____
Check # _____	Amount _____

Please Complete One Tuition Form Per Family.  
 A Payment Plan Is On The Reverse Side. Complete And Submit Post-Dated Checks (preferred)  
 Or Credit Card Information

## **REGISTRATIONS RECEIVED AFTER SEPTEMBER 1<sup>ST</sup> WILL INCUR A \$50 LATE FEE**

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

- ◆ All Synagogues contribute a \$100 tuition subsidy for each of their students.
- ◆ Families who are non-affiliated and not subsidized by a synagogue are responsible for the \$100 fee.
- ◆ Families are entitled to a 10% tuition discount for each additional student.
- ◆ An \$85 Senior Fee covers the cost of the senior activities. Senior Supper and Graduation.
- ◆ Full payment OR a completed Payment Plan is due at the time of registration.
- ◆ All checks should be made payable to Merkaz.

TUITION \$850.00 (1<sup>st</sup> child) (Includes \$35 Material & Supplies Fee) \$ \_\_\_\_\_

DISCOUNT FOR OTHER SIBLINGS \$765.00 X No. of children:  
 (10% Tuition Discount Plus Includes \$35 Material & Supplies Fee) \$ \_\_\_\_\_

NON-AFFILIATED FEE \$100.00 X No. of students \$ \_\_\_\_\_

SENIOR FEE \$85.00 X No. of Seniors: \_\_\_\_\_ \$ \_\_\_\_\_

**SUB-TOTAL:** \$ \_\_\_\_\_

Subtract additional discounts (Only one of these discounts may be exercised.)

Merkaz faculty receive a 25% discount per student on tuition only. \$ \_\_\_\_\_

Employees of local Jewish Agencies working 15 hours or more  
 per week receive a \$100.00 discount per student. \$ \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

FULL PAYMENT - Enclose full tuition check for Total Due or complete Credit Card info on reverse side.

TUITION ASSISTANCE IS AVAILABLE (Please send me the form) Requires a \$150 deposit per student.

## PAYMENT PLAN

To arrange a payment plan, (post-dated checks dated the 10<sup>th</sup> of the month or a monthly credit card charge) please review the options below. Payments will be deposited/charged on or about the 10<sup>th</sup> of the month, beginning October, 2018 and ending no later than March, 2019.

**TOTAL DUE** (Indicated On Side 1) \$ \_\_\_\_\_

Subtract \$150 Deposit Per Student (Must Be Presented With Form)

Checks Are Preferred For Deposits \$ \_\_\_\_\_

**BALANCE DUE** \$ \_\_\_\_\_

Please Circle The Number Of Monthly Payments Chosen 2 4 6

Divide your "Balance Due", (Total Due Less Deposit) into 2, 4, or 6 equal parts, and enclose your checks or provide credit card information on this form.

MY MONTHLY PAYMENT AMOUNT IS \$ \_\_\_\_\_

**PLEASE NOTE:** CREDIT CARD PAYMENTS CARRY A 3% CONVENIENCE FEE. TO HELP DEFRAY OUR COSTS, THE SERVICE FEE WILL BE ADDED TO ALL PAYMENTS MADE BY CREDIT CARD. PAYMENT IN THE FORM OF CHECKS WOULD BE APPRECIATED.

**Please Secure These Monthly Payments By Providing Us With Either:**

Option #1 A series of post-dated checks (10<sup>th</sup> of the month) matching the number of payments chosen.

**POST DATED CHECKS MADE PAYABLE TO MERKAZ**

Check # _____	Dated: 10/10/18	Check # _____	Dated: 1/10/19
Check # _____	Dated: 11/10/18	Check # _____	Dated: 2/10/19
Check # _____	Dated: 12/10/18	Check # _____	Dated: 3/10/19

OR

Option #2 Authorization to charge your Visa, MasterCard, AmEx, or Discover Card in equal payments matching the number of payments indicated,

**IF YOUR CREDIT CARD NUMBER OR EXPIRATION DATE CHANGES, NOTIFY THE OFFICE IMMEDIATELY**

plus an additional 3% convenience fee

**CREDIT CARD INFORMATION – Circle The Application For Your Credit Card Use**

Full Tuition

Deposit Only

Deposit and Monthly Payment

**FOR OFFICE USE ONLY – PLEASE PRINT AND COMPLETE FULLY**

Card Type (Please Circle)    Visa                      MasterCard                      AmEx                      Discover

Card Number: \_\_\_\_\_

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

Billing Zip Code: \_\_\_\_\_                      Exp. Date: \_\_\_\_\_                      CVC Code: \_\_\_\_\_

*By signing below, I authorize Merkaz to charge my credit card as described above.*

Card-holder's Signature: \_\_\_\_\_

**Please Note:** If incomplete, your child's place in the registration process will be held for 24 hours.

**THANK YOU FOR YOUR COOPERATION AND PARTICIPATION IN THE MERKAZ PROGRAM!**