

Temple Beth David of the San Gabriel Valley

5778/2017-2018 Religious/Hebrew School Fee Schedule

Child #1 (Name): _____ **Enrollment in RS Grade:** _____ **Hebrew:** _____
Child #2 (Name): _____ **Enrollment in RS Grade:** _____ **Hebrew:** _____
Child #3 (Name): _____ **Enrollment in RS Grade:** _____ **Hebrew:** _____

❖ **Sunday Religious School (Tuition doubled if non-members)**

PreK-9th Grade (@ 28 Sundays, 9:30am-12:30pm), and Confirmation Class 10th Grade (Alternate Sunday evenings)

_____ \$650 for one child _____ \$1,200 for two children _____ \$1,700 for three children

Total: \$ _____

❖ **Sunday Hebrew Class (For Students preparing for Bar or Bat Mitzvah)**

1st and 2nd Year, often corresponding to 5th and 6th Grade (@ 25 Sundays, 12:30pm-1:30pm, includes lunch)

_____ \$375 per child

3rd Year ((@ 15 one-hour sessions; time to be determined)

_____ \$225 per child

Total: \$ _____

❖ **Friday Ulpan Shishi (Israeli Modern Hebrew for Children)**

_____ \$35 per child per session *1st Semester will consist of 10 sessions*

Total: \$ _____

❖ **Youth Group (see flyer for details)**

Students in Grades 7-12 (1st Wednesdays of each month, 6:30pm-9:00pm; dinner included)

_____ \$75 per child

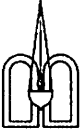
Total: \$ _____

A snack is provided each Sunday during break @ \$50 Fee per student \$ _____

TOTAL FEES \$ _____

PAID \$ _____

BALANCE \$ _____



Temple Beth David of the San Gabriel Valley
5778/2017-2018 Religious/Hebrew School Fee Commitment

NAME _____

BALANCE DUE \$ _____

Payment Plan

(Please check a payment plan from below and remit your payment based upon the selected plan.)

- 10 Payments/year (1st payment is 10% of your Religious School Fees).
For 10 payments/year, payment method is credit card only.
- 4 Payments/year (1st payment is 25% of your Religious School Fees).
Payment by check, or debit/credit card.
- 2 Payments/year (1st payment is 50% of your Religious School Fees).
Payment by check, or debit/credit card.
- 1 Payment/year (Payment of 100% of your Religious School Fees).
Payment by check, or debit/credit card.

First Payment:

\$ _____

Method of Payment

- My check is enclosed. I will pay by check in the future. **(Not applicable for 10 installments plan-please choose credit card payment).**
- If paying by credit card, please consider adding 2% to your pledge to cover credit card processing fees and complete the enclosed credit card form. We use a separate form for security purposes. **Those paying in 10 installments must pay by credit card.**

Name (please print)

Signature

Date

Please sign, date, and return this form to us in person or by mail to:

**Temple Beth David
9677 E Longden Avenue
Temple City, CA 91780**

Temple Beth David Credit Card Authorization



*Temple Beth David
of the San Gabriel Valley
9677 E. Longden Avenue
Temple City, CA 91780*



Visa

MasterCard

Please Print

Cardholders Name: _____ Phone Number: _____

Billing address _____ Zip _____

Credit Card # _____ Expiration Date _____

CVV2/CIV # _____ Email Address: _____

I authorize Temple Beth David to charge \$ _____ each month for _____ to the above credit card account. This will become effective immediately and remain in effect through _____
Month / Day / Year

I authorize Temple Beth David to charge \$ _____ one time only for _____

Signature _____ Today's Date _____

*Please return to:
Temple Administrator
Temple Beth David of the SGV
Fax: 626-287-2846 or
Email: office@templebd.com*