

5779/2018-2019 TBD Religious School Application Form and Fees

Child's Name and DOB: _____
Child's Name and DOB: _____
Child's Name and DOB: _____

Enrollment in RS Grade: _____
Enrollment in RS Grade: _____
Enrollment in RS Grade: _____

Ulpan Shabbat* (x25 Friday sessions, 5:30-7:30pm)

_____ \$500 for one child _____ \$850 for two children 3rd child free
* \$450 for first child if enrolled by August 15th

Toddler Gan Class* (x27 Sunday sessions, 9:15-12:30pm)

_____ \$500 for one child _____ \$800 for two children

Preschool-9th grade (x27 Sunday sessions, 9:15-12:30pm, tuition doubled for non-members)

_____ \$750 for one child* _____ \$1350 for two children _____ \$2000 for three children
*\$700 for first child if enrolled by August 15th

Traditional Hebraic Skills

Hebrew Essential Class

(x25 Sundays 12:30-1:45) \$500, includes lunch

Bnai Mitzvah prep

x12 45minute class sessions as a class
and x20 half hour individual sessions, both with cantor
(time to be determined)

_____ \$950 per child

Confirmation-10th grade (x20 sessions, time to be determined)

_____ \$500 for one child _____ \$850 for two children

TOV CHAI Youth Group, 7-12th grade (1st Wednesdays of each month, 6.30-8.30pm, \$5 dinner)

_____ \$75 per child

_____ \$150 per child non-member

TBD offers the following complementary **adult education classes**

Please check all that applies, we will then reach out to you:

- _____ Adult education for Religious School families, certain Sundays 9:30- 11am
- _____ Adult Hebrew Class (three levels)- Sundays 9:30
- _____ Evening adult classes- 10 sessions certain Thursdays

*No one will be turned away for financial constraints.
Please contact either Rabbi Lachtman, or Ed. Director Gal Kessler Rohs if scholarship application is needed.*

5779/2018-2019 Religious School Fee Commitment

Name _____

Balance Due \$ _____

Payment Plan

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

___ 6 payments/year (1st payment is 20% of your RS fees) **For 6 payments/year, payments/year, payment method is credit card only.**

___ 4 payments/year (1st payment is 25% of your RS Fees.)
Payment by check, or debit/credit card.

___ 2 payments/year (1st payment is 50% of your RS Fees.)
Payment by check, or debit/credit card.

___ 1 payment/year (1st payment is 100% of your RS 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, check, direct deposit and ACH).**

___ If paying by credit card, please consider adding 2% to your pledge to cover credit card processing feed 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 91790

*No one will be turned away for financial constraints.
Please contact either Rabbi Lachtman, or Ed. Director Gal Kessler Rohs if scholarship application is needed.*

Temple Beth David of the San Gabriel Valley,
9677 E Longden Avenue, Temple City, CA 91780
Tel: 626 287 9994 Mail: grohs@templebd.com or office@templebd.com

Temple Beth David Credit Card Authorization

MasterCard
 Visa

Please print

Cardholders Name: _____
Phone number: _____
Billing address: _____
Zip: _____
Credit Card Number: _____ Expiration Date: _____
CVV2/CIV Number: _____
Email address: _____

_____ I authorize Temple Beth David to charge \$ _____ each month for the following classes (please check below) 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 _____.

- Ulpan Shabbat class
- Toddler Gan class
- Preschool-9th grade class
- Bar/Bat Mitzvah class
- Confirmation-10th grade class
- TOV CHAI youth group 7-12th grade

Signature _____ Date _____

Please return to:

Temple office,
Temple Beth David of the San Gabriel Valley
Mail: 9677 E Longden Avenue, Temple City, CA 91780
Fax: 626 287 2846
Email: office@templebd.com