

Kenesset Israel Montessori School

Tuition Agreement & Registration 2018-2019

Program Description	Age Group	Hours Monday - Friday	Tuition
Preschool through Kinder Classroom	Ages 3 to 6	9 am to 12 pm	\$5,100 annual*
Kinder Extended Day	Ages 5 to 6	9 am to 2 pm	\$7,500 annual*
Preschool with Extended Care	Ages 3 to 4	9 am to 2 pm	\$6,600 annual*

*Children from families with KITC Family Membership in good standing and second siblings receive a 15% discount on the lesser of two or more tuitions. KITC Family dues are \$1500 annually.

	Student #1	Student #2
Child's Last Name:		
Child's First Name:		
Age as of September 2018:		
Program Selected:		
Annual Tuition:		
Subtotal for Each Student:	\$ _____	\$ _____
Make Check Payable to: <i>Kenesset Israel Torah Center</i>	TOTAL DUE: \$ _____	

Speak with Teacher Lisa Rappaport -Bates for information on applying for a scholarship.

If payment in full is not made at the time of registration, a payment plan must be chosen from the options below. Please return to Teacher Lisa-Rappaport Bates or the PO Box below.

Name of person responsible for payment (Please Print): _____

Address: _____ Phone: _____

TUITION PAYMENT AGREEMENT

YOUR COMMITMENT includes full payment of tuition throughout the year regardless of absences due to illnesses, family vacations or standard school holidays and vacations. Although we do not require you to pay the year's tuition upon registration, by agreeing to the terms of tuition, you are committing to your family's participation for the entire school year. Exceptions are made only when child is withdrawn from the school at the request of the Head Teacher or the family moves from the community, giving the school a written 30-day notice. KI Montessori allows for 9 monthly payments without interest. Parents may have their tuition deducted monthly from their Credit Card in equal payments (Sept. 1, 2018 to May 1, 2019) or submit payment monthly by check.

Payments are due by the 5th of the month. Your September payment is due with your registration.

- Please charge my credit card now the full tuition due of \$ _____
- Please charge my credit card \$ _____ per month for 9 months for a total of \$ _____

Visa/MC # _____ **Exp. Date:** _____

3 digit security number on back of card: _____

Name on credit card: _____

Signature (of credit card holder): _____

Billing address (if different from the one listed above): _____

- I will pay by check in 9 monthly payments, September 2018 to May 2019, \$ _____ per month

Credit card payments may also be made and scheduled on our website at kitsacramento.org.