

# Kenesset Israel Montessori School Tuition Agreement & Registration 2020-2021

**Preschool to Kinder Multi-age Classroom: Monday - Friday, 9 am to 2 pm**

**Annual Tuition: \$6,615\***

\*Children from families with a KITC Family Membership in good standing and siblings receive a 15% discount on tuition.

	Student #1	Student #2
Child's Last Name:		
Child's First Name:		
Age as of September 2019:		
Annual Tuition:	\$	
With Sibling/Member Discount:	\$	
<b>TOTAL Annual Tuition Due: \$ _____</b>		

## TUITION PAYMENT AGREEMENT

**YOUR COMMITMENT** includes full payment of tuition throughout the year regardless of absences due to illness, vacation, or school holidays. By agreeing to the terms of tuition outlined here, with your signature below, 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 Exceptions are made only when child is withdrawn from the school at the request of the Head Teacher or the family moves from the community, giving the school a written 30-day notice.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 of \$735 without interest.** Parents may have their tuition deducted monthly from their Credit Card in equal payments (Sept. 1, 2020 to May 1, 2021) or submit payment monthly by check.

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

Speak with our school Administrator, Marijke Melman, at (916) 508-0053 to inquire about Financial Aid.

**A payment plan MUST be chosen from the options below.**

Please return this form with accompanying payment to Teacher Lisa-Rappaport Bates or the PO Box below.

- 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: \_\_\_\_\_

Credit card payments may also be made and scheduled on our website at [kitsacramento.org](http://kitsacramento.org).

- I will pay by check in 9 monthly payments, September 2020 to May 2021, \$ \_\_\_\_\_ per month.  
 Make checks payable to: *Kenesset Israel Torah Center* and mail to the PO Box below or slip under Wendy's office door.

Name of person responsible for payment: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_