



Shabbat School Education Program

Tuition Form 2017-2018 / 5778

➔ Due July 1, 2017 ➔

Missy Sue Mastel Horwitz • Interim Director of Finance • 415.940.7095

(Please Print Clearly)

GRADE	SCHEDULE	TUITION
K & 1	Shabbat School Saturdays, 9:00 AM - 12:00 PM	\$1005
2 – 6	Shabbat School Saturdays, 9:00 AM - 12:00 PM & Hevruta Hebrew Thursdays, 4:00 - 6:00 PM	\$1375
7 (pre B'nai Mitzvah)	B'nai Mitzvah Class Thursdays, 4:00 - 6:00 PM	\$975
B'nai Mitzvah Program Fees	Includes: Involvement of ritual, educational, and administrative staff throughout the Bar/Bat Mitzvah process. D'var Torah preparation, family education classes. Fee is payable \$500 each year for the two years, before child becomes Bar/Bat Mitzvah.	\$500
Post B'nai Mitzvah	Monthly sessions with Amanda Russell on Saturdays, 9:30 - 10:30 AM & Noa Barr on Thursdays, 6:30 - 8:00 PM	\$360

The actual cost of the Shabbat School Education Program (religious school) is well over the tuition fees listed. To help support our programs, we encourage anyone who is able to make an additional contribution of \$180 per child. Thank you for your generous support.

No family will be turned away from synagogue membership or enrolling in Shabbat School due to financial hardship. If you would like to discuss financial assistance, please contact Beth Jones, Director of Membership and Development, bjones@bethsholomsf.org

NAME(S) OF PARENT(S)/GUARDIAN(S): _____

Home phone: _____

NAME(S) OF CHILD(REN)	GRADE	TUITION
1.		
2.		
3.		
Additional Contribution (\$180 per student is recommended)		+
TOTAL TUITION		

Membership Status (please check only one):

- Continuing member in good standing
- New member joining as of the 2017-2018 school year

Form of payment (please check all that apply):

- Check enclosed in the amount of \$_____ check # _____
- I would like to make two payments: Summer 2017 & January 2018
- To request a scholarship application, make financial arrangements. or pay by credit card, please contact Beth Jones, bjones@bethsholomsf.org

For office use only
Processed by: _____
Date _____

ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

RECURRING PAYMENTS WILL MAKE YOUR LIFE EASIER:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

HERE'S HOW RECURRING PAYMENTS WORK:

You authorize regularly scheduled charges to your checking or savings account. Each billing period, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from Congregation Beth Sholom (CBS).

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____ authorize Congregation Beth Sholom, SF, to charge my bank account indicated below on the September 5, 2017 and January 15, 2018 for payment of my child's/children's 2017-2018 / 5778 Shabbat School Registration Fees.

CBS Account Name: _____
Billing Address: _____
City, State, Zip: _____
Phone #: _____ Email: _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	 <p>YOUR NAME 1234 Main Street Anywhere, OH 00000 DATE _____ 123</p> <p>PAY TO THE ORDER OF: _____ \$ _____</p> <p>_____ DOLLARS</p> <p>⑆044072324 ⑆000123456789 ⑆123</p> <p>ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER</p>
Name on Account _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Congregation Beth Sholom, SF, in writing of any changes in my account information. I understand that no refunds will be provided after services have been performed as part of the agreement and termination of ACH scheduled debits will require that final payment be made in full. If the above-noted periodic payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above-noted periodic transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I understand that Congregation Beth Sholom, SF, may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

PLEASE ATTACH A VOIDED CHECK