



**TUITION & PAYMENT PLANS**

**Child's Last Name:** \_\_\_\_\_

Please fill out the following worksheet (shaded boxes) including the name and grade of each child enrolling in the JFLL and Kef Kids Program. Then, choose a payment option below. Please return to WES by July 30, 2016.

Parent 1:			MEMBERS	NON-MEMBERS	TOTAL
Parent 2:			TUE Gr. 3-7	TUE Gr. 3 ONLY	
1	Child 1: Grade:	Tuition:	\$1100	\$1300	\$
2	Child 2: Grade:	Tuition:	\$1100	\$1300	\$
3	Book/Activity Fee, Required (grades 3-7)	\$200 per student			\$
4	<b>Kef Kids</b> Child: Grade:	Tuition:	\$750	\$850	\$
5	Scholarship Donation, Optional				\$
6		Total Due:	sum of all boxes		\$

Please check the following payment options:

- Full Payment Option
- Check enclosed, total on line 5
- Credit card, use form below \*
- Installments Payment Option:
  - Checks, Half Tuition now, Half Tuition in One Post Dated Check, Dec 1 (line 5 ÷ 2)
  - Checks, Three (3) Post-dated checks, Aug 1, Oct 1, Dec 1; (line 5 ÷ 3)
  - Checks, Six (6) Post-dated checks, Aug 1, Sep 1, Oct 1, Nov 1, Dec 1, Jan 1; (line 5 ÷ 6)
  - Credit Card\*, Three Installments, Aug 1, Oct 1, Dec 1; (line 5 ÷ 3) <sup>1</sup>
  - Credit Card\*, Six Installments, Aug 1, Sep 1, Oct 1, Nov 1, Dec 1, Jan 1; (line 5 ÷ 6) <sup>1</sup>

\* CREDIT CARD PAYMENT

Credit Card Amount, if Full Payment (line 5): \$ \_\_\_\_\_

<sup>1</sup> Credit Card Amount, if Installment Payment: \$ \_\_\_\_\_

I authorize West End Synagogue to charge this amount to my credit card according to the schedule checked above.

MC  Visa  Amex

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature: \_\_\_\_\_

Families requiring need-based financial assistance should contact our Executive Director, Lila Pahl, 212-579-0777 x220, (lpahl@westendsynagogue.org) to discuss your needs in confidence.