

# THE EARLY CHILDHOOD CENTER CONGREGATION BETH EL

2010-2011

## Tuition Record Form

MEMBER NUMBER \_\_\_\_\_

START DATE: \_\_\_\_\_

Parent's Last Name: Mr./Mrs./Ms././Dr. _____	First Name: _____
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	Names of Children Enrolling	Birthdate	Class	DO NOT FILL IN- For office use only
Child #1				
a	Lunch			
b	Extended days or Hebrew Immersion			
Child #2				
a	Lunch			
b	Extended days or Hebrew Immersion			
Child #3				
a	Lunch			
b	Extended days or Hebrew Immersion			
<b>5</b>	<b>Tuition subtotal</b>			

**Deposit**

1 child : \$250.00  
 2 children : \$450.00\*  
 3 children: \$600.00

\*if your children are in 4's and Kgn, the deposit will be \$500.00

The entire deposit will be applied to your subtotal. The deposit pays for the registration and activity fees plus any additional amount will be deducted from the balance of the tuition.

	<b># of children x \$100 registration fee</b>	
Activity Fees	<b>Child #1</b>	
	<b>Child #2</b>	
	<b>Subtotal</b>	
	<b>Sibling Discount</b>	-
	<b>Subtotal</b>	
	<i>Non refundable</i> Deposit (check # _____ or CC _____)	-
	Balance due to TMS	
TMS app. Fee Check # _____		
<b>Pay in Full Discount</b> (pay before Aug. 2, 2010)	<b>5% of line #5</b>	-
<b>BALANCE DUE if pay in full</b>		

**CHARGE CARD INFORMATION**  
(For deposits and payments in full only)

I authorize the Early Childhood Center of Congregation Beth El to charge my:  
 American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

My card number is: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 digit security code on back of card \_\_\_\_\_ Amount authorized: \$ \_\_\_\_\_

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