

Dear Talmud Torah Families,

Thank you for giving us the opportunity to educate your children about our rich and inspiring Jewish heritage in a wonderful, community setting. We accept this as a sacred and important responsibility.



B'Shalom,

Susie Chalom

Susie Chalom
Executive Director

Terry Krider Kleinbaum

Terry Krider Kleinbaum
Principal

TRANSPORTATION FEES:

2 rides per week on T/TH \$650



FEES (Use this to calculate the total amount due.)

Student	Tuition	Transportation
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Families Helping Families Scholarship Donation _____

If payment is made by 5/21/10 deduct \$50 PER STUDENT

Total Fees *

\$ _____ + \$ _____ = _____

* Use this to complete the payment options and sign the enrollment contract.

TALMUD TORAH TRANSPORTATION INFORMATION

- Buses will be available only on Tuesday/Thursday.
- Busing services will be provided by a licensed private bus company.
- Bus service will be available at 4:00 p.m. to bring students from their daytime schools to Talmud Torah.

Please note: No individual daytime school can be guaranteed for pick-up next year and only those buses which have sufficient number of students requesting bus service will be scheduled.

IMPORTANT:
Any registrations needing transportation that are received after August 15 will be billed a \$50 surcharge.
Any families cancelling transportation after August 15 will be billed a \$50 surcharge.

TALMUD TORAH REGISTRATION FORMS

PAYMENT OPTIONS and ENROLLMENT CONTRACT

PARENT/GUARDIAN'S NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE ____/_____
STUDENT(S) NAME(S) _____, _____, _____, _____, _____

SCHOOL POLICIES

REFUND POLICY: No refunds for tuition or fees will be granted after the first day of the 2010/11 school year.

FINANCIAL RESPONSIBILITY: A signature below indicates an acceptance; morally, ethically and financially, by the parent/guardian of all financial responsibility for tuition and fees as well as compliance with all school policies. It also indicates that these policies have been read and understood.

- In the event of non-payment of financial obligations, it is understood that the parent/guardian will be held responsible for any outstanding balances as well as any additional costs incurred by Talmud Torah, such as filing fees, reasonable attorney charges and collections costs
- In cases where there are past due balances with the school finance office, it is understood that a student's enrollment will not be processed until satisfactory payment arrangements have been made.
- **PLEASE NOTE: Bar/Bat Mitzvah Year-**As per your agreement with your Conservative congregation, *in order for a student to have a Shabbat morning Bar/Bat Mitzvah*, students in Hey must complete the **ENTIRE** Talmud Torah school year, even after they have had their Bar/Bat Mitzvah.

CUSTODIAL AND THIRD PARTY ARRANGEMENTS: In cases of joint custody, each parent is responsible to fulfill all financial obligations unless the school is presented with a legal document verifying a different arrangement. In cases where a third party, such as a grandparent, agrees to pay all tuition and fees, the custodial parent(s) will still continue to be held legally responsible for all financial obligations to the school.

COMPLETED FORMS: It is a family's responsibility to make sure that all required forms are signed, completed and received at Talmud Torah before their student(s) are fully enrolled and able to attend classes in the 2010/11 school year.

This agreement constitutes a binding contract upon acceptance by Talmud Torah. School Policies are subject to change without prior notice.

Parent/Guardian Signature

Date

Authorized Talmud Torah Representative

Date

Please check one. I agree to pay my total tuition and fees obligation for the 2010/11 school year as calculated on the Registration Form.

Option 1 SINGLE, FULL PAYMENT PLAN - I agree to send a single, full payment of \$ _____ for total tuition and fees due. (This payment is entitled to a \$50 per STUDENT discount **if received by Friday, May 21, 2010**. I have enclosed a check or completed charge authorization along with this signed form and completed registration materials.

To charge to my Visa/MasterCard/Discover enter information below:

Card Number _____ Exp Date ____/____ V Code _____ (last 3 digits on back of card)

Name as it appears on card _____

PLEASE NOTE: A one-time 2.5 % convenience fee will be added to this transaction.

Option 2 INSTALLMENT PAYMENT PLANS- I agree to choose one of the automatic check debit installment plans offered through FACTS Tuition Management Co and provide all the information requested. Payments from my checking account, on either 5th or 20th of the month, will be made using one of the plans authorized by FACTS.

Monthly payment plan (for 12 months if starting in June)

Four month plan (Aug, Oct, Dec & Feb)

Semi-Annual plan (Aug & Dec)

I understand that neither FACTS Tuition Management nor Talmud Torah will ever see my bank account or have any direct access to it. In all cases my total financial responsibility to Talmud Torah will be satisfied by May 2010 and my account will be debited in installment payments in order to do so. A FACTS sign up form will be sent. I understand the FACTS fee of \$38 will be deducted from my account as soon as my FACTS agreement is complete.

FACTS RE-ENROLLMENT

My family used FACTS Tuition Management last year. I authorize Talmud Torah to re-enroll me using my 2010/11 tuition and fees in the plan I've checked above. I understand the FACTS fee of \$38 will be deducted from my account as soon as my FACTS agreement is complete.

FINANCIAL AID PROCESS

I am interested in applying for financial aid to help cover my family's tuition costs. I understand that once I have completed and submitted this registration form, including selecting a payment option, a financial aid packet will be emailed to me.

TALMUD TORAH REGISTRATION FORMS

STUDENT INFORMATION

PLEASE NOTE: An accurate, completed form is the only way we can ensure our information is up to date. To best meet the needs of your student all applicable information must be provided for registration to be accepted. A completed registration form must be on file in the office before your student is allowed to start school.

Please download as many copies as you need.

STUDENT'S NAME _____ Date of Birth ____/____/____ Gender M F

Hebrew Name _____ Synagogue _____

Student Email _____

Weekday School _____ **Fall 2010 School Grade** _____ **New Student***

Fall 2010 Talmud Torah Grade _____ **Returning Student**

* **Has the student had a previous Jewish day school experience?** **Yes** **No** School _____

PARENT/GUARDIAN INFORMATION Student resides with: **Mother** **Father** **Both** **Guardian**

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home () _____ Work() _____ Home () _____ Work() _____

Cell () _____ Cell () _____

Email _____ Email _____

Occupation _____ Occupation _____

CONSENT AND RELEASE

I authorize Talmud Torah of Minneapolis to obtain emergency medical or dental care after reasonable efforts have been made to contact the identified parent, guardian, or emergency contacts listed. I understand that as the student's parent and/or guardian I will pay any expenses incurred for emergency care provided.

- I understand that I need to submit a completed Confidential Student Profile for each student I register.
- I understand my student/s must remain on Talmud Torah grounds at all times during scheduled academic programming unless s/he is part of an authorized, chaperoned activity. I also understand that I will be required to sign a permission form for each field trip.

I accept: Signed: _____ Date: _____

• I grant permission for my student/s to be included in pictures connected with Talmud Torah. **Yes** **No**

• Talmud Torah has my permission to give out our contact information to other Talmud Torah families. **Yes** **No**

**EARLY BIRD INCENTIVE FOR REGISTRATIONS COMPLETED and PAID-IN-FULL
BY FRIDAY, MAY 21, 2010**

All families whose tuition and fees are paid in full by Friday, May 21, 2010 will be allowed to deduct \$50 off per student from the total amount due.

FINAL REGISTRATION DEADLINE: FRIDAY, JUNE 4, 2010

Completed applications submitted by this date will have the best chance of receiving their first choice of classes.

TALMUD TORAH REGISTRATION FORMS

2010-11 / 5771

CLASS SELECTION FORM

Please use the following schedule to compute your total annual fees. We will do our best to accommodate your requests.

CLASS	GRADE	DAYS AND TIMES		TUITION	STUDENT NAME(S)
MEKHINA ALEF	1st-2nd	Wednesday	4-6 pm	\$780	
MEKHINA BET	2nd-3rd (returning)	Sunday and Tue/Thu	9-11 am 4-6 pm	\$2175	

ALEF - HEY CLASSES: In an effort to balance both the number of students and class sizes in Alef through Hey, please mark your first and second schedule preferences by placing a (1) or (2) in the boxes below. For example, a Gimel parent might place a (1) in the box next to Sun/Tue/Thu and a (2) in the box next to Sun/Mon/Wed in order to indicate his or her preferences. Parents will be notified as soon as possible if they do not receive their first preferences.

ALEF	3rd	<input type="checkbox"/> Sunday and Mon/Wed	9-11 am 4-6 pm	<input type="checkbox"/> Sunday and Tue/Thu	11-1 pm 4-6 pm	\$2175	
BET	4rd	<input type="checkbox"/> Sunday and Mon/Wed	9-11 am 4-6 pm	<input type="checkbox"/> Sunday and Tue/Thu	11-1 pm 4-6 pm	\$2175	
GIMEL	5th	<input type="checkbox"/> Sunday and Mon/Wed	9-11 am 4-6 pm	<input type="checkbox"/> Sunday and Tue/Thu	11-1 pm 4-6 pm	\$2175	
DALET	6th	<input type="checkbox"/> Mon/Wed	4-6 pm	<input type="checkbox"/> Tue/Thu	4-6 pm	\$1950	
HEY	7th	<input type="checkbox"/> Mon/Wed	6-8 pm	<input type="checkbox"/> Tue/Thu	6-8 pm	\$1950	

Vav	8th	<input type="checkbox"/> Tue/Thu	6-8 pm			\$1950	
BET MIDRASH 9TH -12TH (Includes 10th Grade Confirmation)							
COMPREHENSIVE (6 hours)		Wed	6-9 pm	Sunday	10-1 pm	\$2175	
C.I.S U Of M Hebrew (6 hours)		Wed	6-9 pm	Sunday	10-1 pm	\$2355	(Includes books, supplies and partial U of M fees)
THREE HOUR STUDIES:							
WEDNESDAY ONLY 9th - 12th (Includes 10th grade confirmation)				Wednesday		\$1350	
SUNDAY ONLY 9th - 12th				Sunday		\$1350	
C.I.S U Of M Hebrew Only (3 hours)		Wed	1 or 2 hrs.	Sun	1 or 2 hrs.	\$1825	(Includes books, supplies and partial U of M fees)

FAMILIES HELPING FAMILIES SCHOLARSHIP FUND

Talmud Torah parents have set up a fund for families who need help covering their tuition costs. We hope you will contribute so that we can offer support to others in our community.

Thank you to those of you who gave last year. We received enough to offer several scholarships.

TALMUD TORAH REGISTRATION FORMS

INFORMATION

STUDENT _____

EMERGENCY AND MEDICAL INFORMATION

Name of Doctor _____ Phone (____) _____

Name of Orthodontist _____ Phone (____) _____

Name of Dentist _____ Phone (____) _____

Name of Specialist _____ Phone (____) _____

EMERGENCY CONTACTS

In an emergency, Talmud Torah will make all reasonable efforts to reach a parent, guardian, or other emergency contacts. Please list your emergency contacts (**other than a parent/guardian**) below.

Name _____ Name _____

Home (____) _____ Work (____) _____ Home (____) _____ Work (____) _____

Cell (____) _____ Cell (____) _____

Relationship _____ Relationship _____

I authorize Talmud Torah of Minneapolis to obtain emergency medical or dental care after reasonable efforts have been made to contact the identified parent, guardian, or emergency contacts listed. I understand that any expenses incurred for medical care will be paid by the student's parent and/or guardian.

Signature: _____ Date: _____

GRANDPARENT OR SPECIAL PERSONS

During the year, students will participate in special programs to which grandparents and special people will be invited. Please provide us with their names and complete addresses.

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home (____) _____ Home (____) _____

Email _____ Email _____

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