



PAYMENT FORM

Child's Name: #1 _____ Grade _____

Child's Name: #2 _____ Grade _____

Child's Name #3 _____ Grade _____

Child #1 Tuition: \$ _____

Child #2 Tuition: \$ _____

Child #3 Tuition: \$ _____

DEPOSIT: \$500.00

Registration Deadline is August 15th

TUITION FEES:

- | | | | |
|---|---|--------------------|-----------|
| <input type="checkbox"/> Grades K-2 | Sunday only | 9:30 am - 11:30 am | \$850.00 |
| <input type="checkbox"/> Third Grade & Up | Sun (9:30am-11:30am) & Tues (4pm - 6pm) | | \$1450.00 |
| <input type="checkbox"/> iTeens / 7 th Grade | Tuesday | 6:00 pm - 7:30 pm | \$750.00 |

Payment Options:

A) Enclosed please find my check payment in full of \$ _____

B) I will be paying the full tuition by credit card \$ _____

Credit Card _____ Visa _____ Mastercard _____ Amex

Name on card: _____

Card Number: _____ Expiration Date: _____

Check

Please make check payable to Chabad Lubavitch of Westport
Mail to: 49 Richmondville Ave. Suite 208, Westport, CT 06880

Payment is due prior to September 1, 2009

"Hebrew School is a blast"