



Beth Shir Sholom

RELIGIOUS SCHOOL PAYMENT AGREEMENT

2009-2010

Please enroll my child, _____ in the _____ Grade
Please PRINT child's full name.

PAYMENT OPTIONS (check one)

OPTION 1: _____ Pay in full by August 15, 2009 directly to Beth Shir Sholom

OPTION 2: _____ Pay 50% by August 5, 2009 and 50% by January 5, 2010
 (automatic payments via ★FACTS - \$15 set-up fee – use enclosed ★FACTS Payment Agreement)

OPTION 3: _____ 6 monthly payments from September 5, 2009 through February 5, 2010
 (automatic payments via ★FACTS - \$41 set-up fee – use enclosed ★FACTS Payment Agreement.
 If you are also putting your Dues on ★FACTS, divide the combined amount, Dues, etc. plus Tuition,
 by number of monthly payments from the 5th of next month through June 2010)

I'm choosing

OPTION 1: Paying in full now via the following tuition payment method - check one
 (Beth Shir Sholom prefers payment by check if possible. Thank you!)

CASH CHECK CHECK# _____ CREDIT CARD

Circle One  or  Card # _____

Expiration Date: ____/____ Security Code (on back of card) _____

Name as it appears on card (please print): _____

I hereby authorize Beth Shir Sholom to charge the credit card specified above.

Credit Card Authorization Signature _____ Date _____

I hereby agree to pay my child's tuition as specified above. **If tuition is not paid in full by February 5, 2010, I understand that my child may be excluded from attending the Beth Shir Sholom Religious School.** Should legal collection become necessary, I agree to pay all reasonable attorney, court and other costs incurred in collecting such fees. I further understand that Religious School payments are separate from membership dues payments.

Signature of Person Responsible for Payment _____ Date _____, 2009

Religious School Representative Signature _____ Date _____

PLEASE NOTE:

If you've chosen OPTION 2 or OPTION 3, please return your FACTS PAYMENT FORM with this agreement. You may also pay your Dues through FACTS. Thank you!

★FACTS forms are multipart and need to be acquired from the Beth Shir Sholom office. We will be happy to mail one to you, or you may pick it up/complete it at the temple office.

OFFICE USE ONLY – TUITION AMOUNT: \$ _____

OTHER _____