



Adolph Schreiber Hebrew Academy of Rockland
70 Highview Road, Monsey, NY 10952

2009-2010 Registration

Please complete both sides of this form.

Parents' Information (if divorced or separated, custodial parent's information)

Name(s)	
Street Address	
City, State, Zip	Home Phone
Email (father)	Email (mother)
Work Phone (father)	Work Phone (mother)
Cell Phone (father)	Cell Phone (mother)

Second Parent's Information (if different)

Name(s)	
Street Address	
City, State, Zip	
Home Phone	Email
Work Phone	Cell Phone

Student Information

	Last Name	First Name	Date of Birth	Grade (2009-10)*
1				
2				
3				
4				
5				
6				

*For Nursery students, please indicate Full Time (9:00-3:00) or Part Time (9:00-1:00)

For Early Childhood Department Applicants: The entry cutoff date for our Yeshiva is October 1st. A Nursery child who misses the cutoff date will be able to register for Nursery with the understanding that he/she will repeat Nursery the following year. All children entering PreK must be 4 years old by October 1st. All children entering Kindergarten must be 5 years old by October 1st.

Early Care is available from 8:00– 9:00 AM for Nursery and PreK students for an additional \$100 per month. **After School Care** is available for pickup by 4:00 PM for Nursery students for an additional \$100 per month, and for PreK students for an additional \$50 per month.

Please indicate your intention by checking the boxes below.

- I wish to enroll my Nursery / PreK child(ren) listed above for Early Care.
- I wish to enroll my Nursery / PreK child(ren) listed above for After School Care.

Grandparent Information

Maternal Grandparents - Name(s)	Paternal Grandparents – Name(s)
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone (home/cell)	Phone (home/cell)
Email	Email

Payment Information

Please select *one of the following* three payment options for your child's annual tuition:

- Option 1: One lump sum payment due on or before June 1, 2009. In recognition of the interest benefits to the school of prepayment, we grant a 2% discount to any family that prepays their tuition. May be paid by check. No FACTS form is required.
- Option 2: Two equal payments, each for 50% of the tuition paid in advance of each semester. A FACTS form must be filled out. Tuition can be collected by automatic debit from your bank account or by credit card. FACTS will charge a convenience fee for credit card use. A \$15 FACTS fee per family will apply. FACTS forms are due June 1, 2009. Payments are due as follows:

a)	Installment #1	50% debited / charged on	August 5, 2009
b)	Installment #2	50% debited / charged on	January 5, 2010
- Option 3: Ten payments, each for 10% of the total tuition. A FACTS form must be filled out. Tuition can be collected by automatic debit from your bank account or by credit card. FACTS will charge a convenience fee for credit card use. A \$41 FACTS fee per family will apply. FACTS forms are due June 1, 2009. Payments are due on the 5th of every month, August 2009 through May 2010.

ONE OF THE ABOVE PAYMENT PLANS MUST BE SELECTED AND ENTERED INTO PRIOR TO YOUR CHILD(REN)'S ADMISSION TO THE SCHOOL FOR THE ACADEMIC YEAR. NO ALTERNATE ARRANGEMENT SHALL BE ALLOWED ABSENT A SPECIFIC WRITTEN AGREEMENT BY ASHAR'S TREASURER.

Financial Aid

- I believe that I qualify for needs-based tuition assistance, and intend to apply for Financial Aid. I agree to abide by all rules and deadlines of the Financial Aid Process. Financial Aid Forms must be filled out and submitted no later than May 1, 2009. (check box)

I, the undersigned parent or guardian, agree to the payment plan checked above for my child(ren)'s tuition, to be responsible for all financial obligations incurred in sending my child(ren) to ASHAR and will pay all installments on or before the date they are due. I understand that all rules of FACTS Management Company will apply to the collection of my tuition. I also agree to the payment of \$1,500 per child per period for Resource Room for each of my children who are evaluated to be in need of such services. I have enclosed a check / checks in the total amount of \$ _____ in payment of my Registration fee. I understand that registration is due by March 13, 2009. After March 13, 2009, forms received will be accepted only if class space is available and payments will NOT qualify for the Registration Fee Discount. I agree to be responsible for all costs of collection, including reasonable attorneys fees, for payments not made in a timely fashion, along with interest thereon. I agree that my failure to abide by my financial obligations herein shall be grounds for suspension of my child(ren) from classes until such time as I am current with my financial obligations or alternate arrangements have been made and agreed to in writing by ASHAR's Treasurer.

Parent or Guardian Names (Please print) _____
(Mother's Name / Father's Name)

Signature of Mother _____ Date _____

Signature of Father _____ Date _____