

The Sheila Weisfeld Chabad Hebrew School Application

2017-2018

BILLING FORM

Child's Name	Age	Grade (entering)

Party Responsible for payment

Name _____
 Address _____ ZIP _____
 Phone _____

Tuition payment plan

In Full	One Payment	Predated Checks (2)
Hebrew School	\$850	\$425

Please choose one of the following:

- Enclosed please find my payment in full of: \$ _____
- Enclosed please find my predated checks of: \$ _____
- Please charge my Credit Card my payment in full: \$ _____
- Please charge my Credit Card 2 payments of: \$ _____

If you decide on the 2 payment plan, please submit a predated check for January. Payment #1 due September 10, 2017, Payment #2 due January 1, 2018

Credit Card	Number	Expiration /Cv	Zip Code

If there are reasons that you cannot fulfill these financial obligations, please call me at the office to make an appointment to arrange for a personalized payment plan.

Thank you for your prompt response.