

Temple Torah of West Boynton Beach
8600 Jog Road, Boynton Beach, FL 33472
561-369-1112

JACATT – Jewish AfterCare at Temple Torah PAYMENT PLAN 2011 – 2012

Name of person(s) responsible for payment _____

Enrollment Dates: August 22, 2011-June 7, 2012

Program:	Monthly Tuition (based on 10 months per school year)*	Temple Torah or JCC Member** discount
JACATT	\$120	\$108
JACATT & JCC	\$108	\$96

*School closings have been taken into account in computing these fees. Therefore, the monthly amount always remains the same regardless of the number of school days. JACATT is offered daily when public school is in session with the exception of Jewish holidays (as explicated on JACATT calendar).

**Proof of current JCC membership required

Registration and Materials Fee (non-refundable): \$95

- 5% Discount for Annual Tuition Paid in Full by August 1, 2011
- 10% Sibling Discount will be applied to the second and subsequent sibling(s).
- **First month's tuition is due together with the registration fee at time of registration.**
- Monthly fees are due by the fourth Monday of each month: August 22, September 26, October 24, November 28, December 26, January 23, February 27, March 26, April 23

1.	Student's Name _____	Grade _____	Registration Fee _____	
			Tuition _____	
2.	Student's Name _____	Grade _____	Registration Fee _____	
			Tuition _____	
3.	Student's Name _____	Grade _____	Registration Fee _____	
			Tuition _____	
5% Reduction – Paid in Full by August 1st			Discount _____	
10% Reduction – Sibling Discount			Discount _____	
			Total _____	

Payment Plan (please initial one)

- Monthly payment plan _____
- Half balance is enclosed _____
- Entire balance is enclosed _____

The payment plans are credit card based only.
Please fill out the information below. Your credit card will be charged the fourth Monday of each month. Payments begin August 22.
(AMEX not accepted)

I agree that I am fully responsible for bank/credit card charges if any payment is returned/ rejected.

Credit Card # _____ Exp. Date _____ Security # _____

Name on card _____ Address of Card Holder _____

_____ Zip Code _____

Phone # _____ Today's Date _____

Signature _____

For office use:
Amount received with application \$ _____