



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

## 2011-2012 Registration

Please complete both pages of this registration form.

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

Family Name	Father	Mother
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)

Family Name	Father	Mother
Street Address		
City, State, Zip		
Home Phone	Email	
Work Phone	Cell Phone	

How many students are you registering? \_\_\_\_\_

### Student Information:

	Last Name	First Name	Date of Birth	Grade (2011-12)	Tuition
1					
2					
3					
4					
5					
6					

**TUITION INCLUDES ALL COSTS FOR THE SCHOOL YEAR.  
THERE ARE NO OTHER FEES! (e.g. Registration, Building  
Fund, Journal Dinner, Activity Fee, Bond, etc.)  
THE \$750 DEPOSIT IS CREDITED TOWARDS YOUR  
TUITION OBLIGATION.**

1st Grade Discount (if entitled):	
Sub Total:	
5% Family Discount:	
Total Due:	
Deposit:	
<b>FACTS:</b>	

**For Early Childhood Program 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 a.m. – 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 and PreK students for an additional \$100 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 1	Email 1
Email 2	Email 2

**Payment Information**

A tuition deposit (down-payment) of \$750 per child is due upon registration. Following the submission of this registration form, you will receive an activation email to sign up with **FACTS** (Tuition Management Company). FACTS will collect the deposit (down-payment), and the balance of the tuition will be charged according to the schedule you choose when signing up.

**Hot Lunch Program**

Please note, if you opt for your children to participate in the hot lunch program the cost will be added to your FACTS payments.

**Financial Aid**

I believe that I qualify for needs-based tuition assistance. **All financial aid applicants must sign up with FACTS and pay the deposit above, prior to applying for Financial Aid.**

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I (we), the undersigned parent(s) or guardian(s), agree to the payment amounts above for my child(ren)'s tuition, 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, including the total amount of \$\_\_\_\_\_ in payment of the tuition deposit of \$750 per student. I understand that registration is due by March 15, 2011. After March 15, 2011, forms received will be accepted only if class space is available and will be subject to increased tuition fees according to the schedule. I understand that all payments are final and non-refundable. I (we) agree to be jointly and severally responsible for all tuition obligations and costs of collection, including reasonable attorney's 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) \_\_\_\_\_

\*Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

\*This form will not be accepted without the signature of both parents.