



The Preschool at Mishkon
REGISTRATION AND TUITION SCHEDULE
2018-2019 SCHOOL YEAR (Sept - June)

Congregation Mishkon Tephilo
201 Hampton Drive
Venice, CA 90291
Preschool: 310-396-7733
Office: 310-392-3029
www.mishkon.org

Name of Child #1: _____ Birthday #1: _____
 Name of Child #2: _____ Birthday #2: _____
 Parent Name(s): _____
 Home Number: _____ Cell Number: _____
 Address: _____
 Email (s): _____

Registration, Activity & Additional Fees

- * Registration Fee - \$175 for each new student and/or \$100 for each returning student.
- * Activities Fee - \$300 for each student
- * Administrative & Facilities Fee - 10% cost of Tuition. One Fee per Family.
- * Membership to Mishkon Tephilo is included for all Preschool Families (if applicable).

Annual Tuition:

(Please circle):

# DAYS PER WEEK	(8:45am - 12:30pm)	(8:45am - 3:00pm)
2 DAYS	\$6,000	\$7,500
3 DAYS	\$8,300	\$10,200
4 DAYS	\$9,000	\$11,400
5 DAYS	\$9,900	\$12,400

Payment & Enrollment Information:

- * Tuition is an annual fee divided into 10 months of payment, from September thru June.
- * Payment is 10 installments with post-dated checks for the 1st of each month, through June 1st.
- * First month of tuition and Administrative & Facilities Fee are due by the first day of school.
- * Registration and Activities Fees are due by May 15th in order to secure enrollment and your desired schedule.
- * There is a \$100 discount if tuition is paid in full by September 1st.
- * There is a 5% discount on the tuition of a second child in school.
- * Checks to be made out to: "Mishkon Tephilo"

Payment Schedule (All Tuition & Fees are non-refundable)

	Child #1	Child #2	Total
Annual Tuition	\$ _____	\$ _____	
Payment in Full (\$100 Discount):	-\$ _____	-\$ _____	
Discount for Second child in school (5% of tuition):	N/A	-\$ _____	
TOTAL TUITION:	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE & FACILITIES FEE (10% of tuition):	\$ _____	N/A	\$ _____
		TOTAL DUE:	\$ _____
		MONTHLY TOTAL:	\$ _____

If paying in installments

I have read, understand and accept all the terms of this agreement.

Parent or Guardian Signature: _____ Date: _____

For Office Use Only	Registration & Activities Fee \$ _____	Date Paid: _____
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