



**MIROCHNICK RELIGIOUS SCHOOL
PAYMENT REMITTANCE FORM**

ALL OF THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY

Family (Last) Name (Please Print): _____ **Home Phone:** _____

Street Address (Please Print): _____ **Cell Phone:** _____

City & Zip Code (Please Print): _____

Student's Name (Please Print)	Grade 2018/2019	Amount Due (\$) (Please Fill In)
Total (\$):		

PAYMENT OPTIONS

Please place the MRS tuition with our Membership Renewal Payment Plan form.

If not please fill in below.

I have enclosed my check # _____ in the amount of \$ _____

I authorize B'nai Torah Congregation to charge \$ _____ to my credit card.

Card #: _____ Expiration Date (MM/YYYY): _____ CVV: _____

Name as it appears on the card (Please Print): _____

Billing Address (Please Print): _____

City / State / Zip (Please Print): _____

I / WE UNDERSTAND THAT BY SIGNING THIS REGISTRATION FORM, I/WE AGREE TO PAY ALL RELIGIOUS SCHOOL TUITION AND FEES AS SET FORTH BY B'NAI TORAH CONGREGATION IN THIS CONTRACT, AS WELL AS ANY APPLICABLE SYNAGOGUE DUES AND FEES.

THERE WILL BE NO TUITION REFUNDS ISSUED AFTER THE START OF THE SCHOOL YEAR

Parent or Guardian's Signature

Date