

BNOS BAIS YAAKOV TUITION CONTRACT 2018-2019

I, _____, hereby enroll my daughter(s) in Bnos Bais Yaakov for the 2018-2019 school year. I agree to pay for my child:

FEES

Student: _____ Tuition: _____ Scholarship Granted: _____ Tuition Total: _____ Registration Fee: _____ Lunch Fee: _____

Total Obligation: _____

Paid to Date: _____

I agree to pay my tuition and fees shown based on my selection below. In addition, The fee for lunch will be set at \$475 per child. Please note: The attached lunch form must be completed and returned immediately to edminify to determine discount eligibility. If you qualify for the Free or Reduced Lunch Program your fee will be removed or adjusted. Please return the enclosed lunch application form to apply for the Lunch Program.

PAYMENT INFORMATION

This contract will not be processed without both payment methods completed. If you want to use the payment methods that were provided with registration, please check here. ☐

PRIMARY PAYMENT METHOD

Card Number

Exp. Date

CVV

Zip Code

OR

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

SECONDARY PAYMENT METHOD

Card Number

Exp. Date

CVV

Zip Code

OR

☐ Checking Account ☐ Savings Account

Routing Number

Account Number

PAYMENT SCHEDULE

TUITION: ☐ **OPTION A:** Pay tuition in full by _____ ☐ **OPTION C:** Tuition Plan quarterly _____
☐ **OPTION B:** Pay semi-annually _____ ☐ **OPTION D:** Tuition Plan - Pay over 10 months

LUNCH: ☐ I decline lunch participation for my daughter, she will be bringing her her own lunch. Please remove Lunch Fee.

We agree as a condition of enrollment in Bnos Bais Yaakov to pay the tuition and any other regular school fees. We are aware of the school's tuition policies regarding unpaid tuition or student misconduct which may result in the withholding of report cards, transcripts, diplomas and admittance cards for the following year. My signature binds me according to all stipulations of halachah וכלי שום חשש אסמכתא, and NJ and US law.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify edminify™ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that edminify™ may at its discretion attempt to process the charge again within 3 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Parent/Guardian Signature

Date