

**Kollel Ner Yehoshua**  
PO Box 486 Cedarhurst, NY 11516  
Tel: (347) 619-9074 Fax: (516) 295-5737

## TUITION CONTRACT

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
Division: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL INFORMATION

Tuition Amount:	\$ _____	Registration Fee:	\$ _____
Room Charge:	\$ _____	Board Charge:	\$ _____
Financial Aid:	\$ _____	Final Amount:	\$ _____

Registration Fee: ☐ Upfront ☐ Rolled into monthly payments

### PAYMENT METHOD

Payment Method: ☐ Credit Card ☐ ACH/Bank ☐ Third Party

#### Credit Card Information (if selected):

Cardholder Name: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_  
Charge Date (day of month): \_\_\_\_\_

**ACH/Bank Information (if selected):**

Account Holder Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Debit Date: \_\_\_\_\_

**Third Party Payer Information (if selected):**

Payer Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

**PAYMENT SCHEDULE**

Payment Plan: \_\_\_\_\_

**Payment Schedule:**

Payment #	Due Date	Amount
1	_____	\$_____
2	_____	\$_____
3	_____	\$_____
4	_____	\$_____
5	_____	\$_____
6	_____	\$_____
7	_____	\$_____
8	_____	\$_____
9	_____	\$_____
10	_____	\$_____
11	_____	\$_____
12	_____	\$_____

First Payment Date:	_____	Final Payment Date:	_____
Number of Payments:	_____	Monthly Amount:	\$_____

## CONTRACT TERMS

1. **Tuition Payment:** The above tuition amount is due according to the payment schedule selected. Late payments may incur additional fees.

2. **Registration Fee:** The registration fee secures your enrollment and is non-refundable. If 'Upfront' is selected, this amount is due at contract signing. If 'Rolled In' is selected, it is included in the monthly payment schedule.

3. **Payment Method:** Payments will be processed according to the selected method and schedule. For credit card payments, charges will occur on the specified day of each month. For ACH payments, debits will occur on the specified day of each month.

4. **Late Payments:** Payments not received within 10 days of the due date may incur a late fee. Continued non-payment may result in suspension of services.

5. **Refund Policy:** Tuition refunds are subject to the school's refund policy as outlined in the student handbook.

6. **Changes:** Any changes to this contract must be made in writing and agreed upon by both parties.

7. **Agreement:** By signing below, both parties agree to the terms and conditions outlined in this contract.

## SIGNATURES

Student/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

School Representative: \_\_\_\_\_

Date: \_\_\_\_\_

This contract is legally binding upon signature by both parties.