

Approved: _____ Date: _____

2025-2026

Yeshiva Zichron Aryeh

PO Box 486 Cedarhurst, NY 11516

Tel: (347) 619-9074 Fax: (516) 295-5737

ENROLLMENT CONTRACT

Student Name: Test Student

1. The following is due at time of signature:

Registration: \$750.00

☐ Use Payment Method Below

☐ Check Enclosed

2. Total Amount Due: \$18,875.00

☐ Enclosed Payment in Full

☐ 10 Monthly Payments of \$1,587.50 each (September 2025 - June 2026)

3. Payment Method (check one):

☐ **Credit Card**

CC Number

Exp Date

CVV

Cardholder Name

Billing Zip Code

Day to Charge

☐ **ACH Debit**

Name on Account

Routing Number

Account Number

Day to Debit

■ **Post Dated Checks**

I will provide 10 post-dated checks of \$1,587.50 each

■ **Third Party Payment**

Name of 3rd Party

TUITION DETAIL & BILLING SCHEDULE

Student: Test Student

Academic Year: 2025-2026

TUITION BREAKDOWN

Component	Amount
Registration Fee	\$750.00
Tuition	\$12,875.00
Room	\$2,500.00
Board	\$2,750.00
TOTAL AMOUNT DUE	\$18,875.00

PAYMENT SCHEDULE

Payment #	Due Date	Amount
Registration	Due at signing	\$750.00
1	September 15, 2025	\$1,587.50
2	October 15, 2025	\$1,587.50

IMPORTANT NOTES:

- Late payments may incur additional fees
- Payment method changes must be submitted in writing 30 days in advance
- For questions regarding billing, contact the financial office
- This contract is binding for the full academic year