Approved: Date:		
	2025-2026	
	hiva Zichron Aryeh	
PO Box 486 Cedarhu	urst, NY 11516 • Tel: (347	7) 619-9074
ENROL	LMENT CONTRACT	
Student Name: Sample Student Name		
1. Registration Fee: \$750.00 ■ Use Payment Method Below ■ Check Enclose	hes	
•	30u	
2. Total Amount Due: \$18,875.00		
■ Payment in Full		
■ 2 Monthly Payments of \$1,587.50 (Sep 2025	o - Jun 2026)	
3. Payment Method:		
■ Credit Card		
CC Number:	Exp:	CVV:
Name on Card:	<u>Z</u> ip:	Charge Day:
■ ACH Debit		
A account Name of	Routing	<u> </u>
Account Name:		
Account Name: Account Number:		ay:

AGREEMENT

I agree to the terms and conditions of this enrollment contract and authorize the school to process payments according to the selected method and schedule.

Parent/Guardian Signatu	ıre:	Date:	
Print Name:		Phone:	

TUITION DETAIL & BILLING SCHEDULE

Student: Sample Student Name 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 Now	\$750.00
1	Sep 2025	\$1,587.50
2	Oct 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