

Yeshiva Zichron Aryeh
PO Box 486 Cedarhurst, NY 11516
Tel: (347) 619-9074 Fax: (516) 295-5737

ENROLLMENT CONTRACT

Student Name:

Academic Year:

PAYMENT TERMS

TOTAL TUITION:

Registration Fee:

See payment schedule and breakdown details on page 2

PAYMENT METHOD

☐

Credit Card

Day to Charge

Card Number:

Exp. Date:

Cardholder
Name:

CVV:

Billing Zipcode:

☐

ACH Debit

Debit Date:

Account Holder:

Routing Number:

Account Number:

☐

Post Dated Checks

I will provide

post-dated checks of

each.

☐

Third Party Payment

Name of 3rd Party:

Relationship:

Contact Information:

THIS ENROLLMENT CONTRACT WILL ONLY BE ACCEPTED IF ACCOMPANIED BY
REGISTRATION FEE & PAYMENT SCHEDULE HAS BEEN FILLED OUT

I hereby enroll my son for the academic year in Yeshiva Zichron Aryeh. I understand that this is a binding obligation toward the Yeshiva and that I will be responsible for satisfaction of his tuition obligation as well as all costs incurred by my son, including damage caused to the Yeshiva property. With my signature I hereby accept the terms of this contract and authorize all payments required herein.

Signature:

Date:

TUITION BREAKDOWN & PAYMENT SCHEDULE

Student Name:

Academic Year:

TUITION BREAKDOWN

Base Tuition:

Room & Board:

Registration Fee:

Other Fees:

DISCOUNTS & ADJUSTMENTS

Early Payment Discount:

Multi-Child Discount:

Financial Aid:

Pro-ration (if any):

TOTAL AMOUNT DUE:

PAYMENT SCHEDULE

Payment #	Due Date	Amount	Notes
Payment 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment 4:				
Payment 5:				
Payment 6:				
Payment 7:				
Payment 8:				
Payment 9:				
Payment 10:				