

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 _____

**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 2025-2026 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 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
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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