



2022-2023

Registration / Payment Information & Policies

Catch the Early Bird & Save

Completed registration & payment forms turned in by June 24th, 2022 will **receive a \$50 early bird discount per student.** Please note that payment without the forms **does not** qualify for the early bird discount, as we must have both payment and (yr. 2022 – 2023) paperwork on file. The payment due for the early bird discount is \$250 per student and is **non-refundable.** This \$250 payment applies toward your total amount due.

Early Bird Registration

Registering early allows us to be better prepared for the fall. Based on registration, supplies and books are ordered in advance. Classes need to be formed and teachers need to be in place. Your assistance with early registration is very much appreciated.

Registration Schedule

Early Bird Registration	\$50 per student discount	thru June 24 th , 2022
Regular Registration	NO discount	June 25 th , 2022

Our Payment Form

To make registration easier, the Fees and Tuition have been combined to create one Tuition /Fee Schedule. See the Tuition/Fee Schedule on the Payment Form.

All Inclusive Tuition / Fees for IPRS:

The Tuition/Fee listed on the payment form is the total amount due per child by grade. The total due includes everything for the year.

We will not ask for money or supplies during the year. Your payment covers: Shabbaton (grades 3 – 7), supplies, and snacks, programs. Your tuition / fee is used for salaries, programs, workbooks, textbooks, school supplies, art supplies, food / snacks, updated teaching resources, security guard during Sunday classes, etc.

Your PTO receives \$20 from the fee money for each student. This assists us with various programs throughout the year.

By collecting costs/fees up front for the Shabbaton, snacks, Confirmation, 6th grade Shabbat, programming, etc, we save a large amount of man-hours and are able to plan in advance; this saves money.

Providing us with your current e-mail address, and cell phone numbers you will receive all the current communications.

Method of Payment of Tuition / Fees

Select one of the following: (1) cash (2) check / ACH or (3) credit card. You may pay in 1 or 4 payments. ACH debit and credit card payments (after initial payment of fees) will start on September 1, 2022 and will continue on the 1st of each month for the number of months indicated.

ALL PAYMENTS OF SCHOOL TUITION / FEES MUST BE PAID IN FULL BY DECEMBER 1, 2022.

We are not able to accept post dated checks.

Congregation Agudas Achim Membership

All families in the Inda Posner Religious School must be members in good standing of Congregation Agudas Achim. If you are not currently a member, please submit your Agudas Achim membership form to the Synagogue office as soon as possible in order to secure your child's enrollment in the Inda Posner Religious School for the start of the 2022 – 2023 school year.

In order to register your child for school, your account with the Synagogue must be current.

Inda Posner Religious School
16550 Huebner Road, San Antonio, Texas 78248
210-479-0307
j.halfant@agudas-achim.org

Inda Posner Religious School of Congregation Agudas Achim

New Enrollement Registration Form 2022 – 2023

1. Student Information (*complete one per child*):

Child's first name: _____ Child's last name: _____

Child's Full Hebrew name: _____ Birth date: _____ Male Female

Religious background Jewish Non-Jewish Conversion date (if applicable): _____

Secular school: _____ Grade (Fall) 2022 - 2023: _____

Did the student attend Inda Posner Religious School in 2021 - 2022? Yes No

If No, where did the student attend religious school and for how many years? _____

Student attending/has attended Jewish Day School? Yes No, last year attended: _____

I allow my child to walk home alone from Agudas Achim Yes No

I allow my child to leave the school building for field trips with adult drivers: Yes No

2. Medical Information & General Learning Profile:

MEDICAL INFORMATION:

Please inform us of any **allergies and/or medical conditions** that may impact your child during school hours:

Medications:

*Food Allergies / Intolerance (only list those w/ medical implications) and reaction: _____

Are there any special medical conditions, concerns, or limitations to prevent your child's full participation in school/learning? Yes No, please explain:

In the event of emergency, do you give us your permission to call an ambulance? Yes No

GENERAL LEARNING PROFILE: *Please note that confidentiality will be respected at all times.*

Does your child take medication during the school day to assist with learning needs? Yes No

Does your child receive any academic services in their regular school environment (IEP, GT, ARD, etc.)? Yes No

If yes, the Education Director will call you to discuss how Agudas Achim can best support your child in the religious school learning environment (paperwork does NOT need to be submitted).

Please include in writing, anything else you would like us to know about your child (likes or dislikes, areas of strength or weakness, significant changes at home that your child has experienced in the past year, etc.).

2. Family Information (*One per family*)

Child(ren)'s Address: _____

City: _____ ZIP: _____

Child live at the above address: Both Parents Mom Dad

MAY WE INCLUDE THE FOLLOWING INFORMATION FOR YOUR CHILD / CHILDREN:

- 1) Directory: child's name, parents' names, home phone & address? Yes No
- 2) Directory: your email address? Yes No
- 3) Agudas Communication (website, Kolenu) child's picture w/o their name? Yes No
- 4) Agudas Facebook: child's picture w/o their name? Yes No

PARENT/GUARDIAN #1:

Name (first, last): _____

Email address: _____ (IPRS emails will be sent to this address)

Religious background: Jewish Non-Jewish Conversion date (if applicable): _____

Occupation: _____

Work Ph #: (____) _____ Cell #: (____) _____

PARENT/GUARDIAN #2:

Name (first, last): _____

Email address: _____ (IPRS emails will be sent to this address)

Religious background: Jewish Non-Jewish Conversion date (if applicable): _____

Occupation: _____

Work Ph # (____) _____ Cell # (____) _____

3. Other Contact Information:

EMERGENCY CONTACT (other than parent/guardian(s) listed above):

Are your emergency contacts also authorized to pick up your child? Yes No

1. Name (first, last): _____

Phone numbers: _____

2. Name (first, last): _____

Phone numbers: _____

PERSON (S) AUTHORIZED TO PICK UP MY CHILD (other than parent/guardians):

1. Name (first, last): _____ Phone numbers: _____

2. Name (first, last): _____ Phone numbers: _____

2022 – 2023 Payment Form

To receive the **EARLY BIRD DISCOUNT** of \$50 per student, complete the registration & payment forms and submit a **\$250 non refundable deposit** per student by June 24th, 2022. The \$250 deposit applies to the total Tuition/Fee per student due, and is subtracted to get your remaining balance due.

To apply for **partial scholarship**, registration form, scholarship request form, and a partial deposit must be turned in no later than June 24th, 2022 to Jessica Halfant at j.halfant@agudas-achim.org

<i>Grade Level</i>	<i>Early Bird Fee</i>	<i>Regular Fee</i>	<i>Rodfei Free</i>
K – 2nd grade	\$600	\$650	\$830
Grades 3 – 5	\$1,085	\$1,135	\$1,165
Grade 6	\$1,160	\$1,210	n/a
Grade 7	\$1,085	\$1,135	n/a
Grade 8	\$600	\$650	n/a

Name(s) of Parent/Guardian:

1: _____ 2: _____

List each student, grade (2022–2023), and their individual tuition/fees from above.

Student	Grade	Tuition/Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DUE FOR ALL STUDENTS = \$ _____

DEPOSIT (DUE AT TIME OF REGISTRATION)

Number of students registered: _____ X \$250 = \$ _____

(Subtract the deposit that you pay now from total due to get remaining balance due, enter below)

REMAINING BALANCE DUE (Total Due less Deposit) = \$ _____

IPRS Scholarship Fund

Please consider making a tax deductible donation to assist other IPRS families with their religious school tuition. If able, indicate the amount of your contribution here. It will be added as a donation to your Agudas Achim bill. *Thank you* \$ _____

Payment Options
School Year 2022 – 2023

TODAY Please Bill My: _____ Credit Card, _____ ACH, _____ Check provided

For a Total of: \$ _____ (must include minimum of \$250 per student)

If applicable

Charge my: _____ Credit Card or _____ ACH, for the remaining balance of 4 equal payments indicated below

<i>First Payment</i>	<i>September 1, 2022</i>	\$ _____
<i>Second Payment</i>	<i>October 1, 2022</i>	\$ _____
<i>Third Payment</i>	<i>November 1, 2022</i>	\$ _____
<i>Fourth Payment</i>	<i>December 1, 2022</i>	\$ _____

Card Number: _____ Exp. Date: _____

Name On Card: _____ Billing Zip Code: _____

For ACH Debit, routing account number from check submitted today will be used for subsequent payments unless alternate voided check is provided

Date: _____

Payment Authorization Signature: _____

