



**2023-2024**

## **Registration / Payment Information & Policies**

### **Catch the Early Bird & Save**

Completed registration & payment forms turned in by July 9th 2023 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. 2023 – 2024) 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 July 9th 2023.

Regular Registration NO discount July 10, 2023

### **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, 6<sup>th</sup> grade Shabbat, programming, etc, we save a large amount of man-hours and are able to plan in advance; this saves money.

### **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, 2023 and will continue on the 1<sup>st</sup> of each month for the number of months indicated.

ALL PAYMENTS OF SCHOOL TUITION / FEES MUST BE PAID IN FULL BY DECEMBER 1, 2023.

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  
r.jonasz@agudas-achim.org

# Inda Posner Religious School of Congregation Agudas Achim

## New Enrollment Registration Form

2023 – 2024

### 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 2022 - 2023?  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: \_\_\_\_\_

**2023 – 2024 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 July 9th 2023 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 July 9th 2023 to Rosa Jonasz at [r.jonasz@agudas-achim.org](mailto:r.jonasz@agudas-achim.org)*

<b>Grade Level</b>	<b>Early Bird Fee</b>	<b>Regular Fee</b>
<b>K – 2<sup>nd</sup> grade</b>	<b>\$600</b>	<b>\$650</b>
<b>Grades 3 – 5</b>	<b>\$1,085</b>	<b>\$1,135</b>
<b>Grade 6</b>	<b>\$1,160</b>	<b>\$1,210</b>
<b>Grade 7</b>	<b>\$1,085</b>	<b>\$1,135</b>
<b>Grade 8</b>	<b>\$600</b>	<b>\$650</b>

**Name(s) of Parent/Guardian:**

**List each student, grade (2023–2024), and their individual tuition/fees from above. Student, Grade and 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 2023 – 2024**

**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, 2023</i>	\$
<i>Second Payment</i>	<i>October 1, 2023</i>	\$
<i>Third Payment</i>	<i>November 1, 2023</i>	\$
<i>Fourth Payment</i>	<i>December 1, 2023</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: \_\_\_\_\_

