Congregation Gesher L'Torah
Pearl Sutton Religious School Registration Form 2023-2024

GLT

	Student Name	*Hebrew Name*	*Birthdate (Mo/Day/Yr)*	*Grade Sept 2023*	*School Attending 2023-2024*
1.					
2.					
3.					

Home Address: _____
Street   City, State Zip   Subdivision

Parent/Guardian #1 (primary contact)

Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Email Address: _____

Address (if different from child): _____
_____

☐ Please send all electronic communications to this email address.

Parent/Guardian #2

Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Email Address: _____

Address (if different from child): _____
_____

☐ Please send all electronic communications to this email address.

Parental Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed
Child's Living Arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other
Child's Legal Guardian(s): ☐ Both Parents ☐ Mother ☐ Father ☐ Other

For Office Use Only
Date Received: _____

Emergency Contact (other than parent/guardian)
_____
Name   Phone number   Relationship to child

2023-2024 Tuition and additional fees

	Member	Non-Member	Additional Fees
Pre-K (Froggy's Pre-K tuition free)	$250	$350	* 10% sibling discount (on youngest sibling) *
Kindergarten – 2nd Grade	$800	$1285	**$40 Siddur fee for 3rd graders*
3rd – 6th Grade	$850	$1340	* $250 Bar/Bat Mitzvah admin fee for 4th graders *
7th Grade	$800	N/A	**All additional fees due with August Payment**

Non-refundable $200 security fee for non-members will automatically be added to your account.

Please Initial:
_____All registration and payment(plans*) due August 1, 2023
_____All accounts must have a CC on file with the bookkeeper's office to secure payment plan, even if you
            intend to pay via check or ACH (bank draft).
_____All payment plans must be set up through the bookkeeper's office before the 1st day of school.

☐ **Check #_____ $_____**

☐ **Credit Card $_____**   ☐ VISA   ☐ MASTERCARD
(credit cards will be charged 3% convenience fee)

Name as it appears on the card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

_____   _____
Parent/Guardian Signature   **Date**

***Please contact Angi, 770-777-4009 for payment plan options or instructions on how to set up ACH**