**Congregation Shalom**

**20-21 Religious School and Hebrew School Payment Form**

We ask that you complete the form below to calculate payment for all children you are enrolling in school.\*

Name of Parents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the table below to determine your school fees.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **Religious School**  **Cost Per Child $250** | **Religious School ($250) & Weekday Hebrew ($250)**  **Cost Per Child**  **$500** | **Religious School ($250) & Boker Tov Hebrew ($360)**  **Cost Per Child**  **$610** | **8th-12th Grade**  **Cost Per Child**  **$200** | **Total** |
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|  |  |  |  | **Grand Total** |  |

Please return the form above with your credit card information or check to Laurel Rose, Congregation Shalom, 7630 N. Santa Monica Blvd, Fox Point, WI 53217.

**To pay by credit card please provide:**

Credit Card **#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Exp Date**:\_\_\_\_\_\_\_\_\_\_**

**(Only Mastercard or Visa)**

**To pay by check**, please make check payable to Congregation Shalom.

Please direct questions about school enrollment to Rabbi Rachel Marks. She can be reached by phone at 414 352-2459 or by email at [rabbirachel@cong-shalom.org](mailto:rabbirachel@cong-shalom.org).

*\*If you are not able to pay school fees in full at this time, please contact Executive Director, Linda Holifield by phone at 414 352-9288 x115 or by email at* [*linda@cong-shalom.org*](mailto:linda@cong-shalom.org)*.*

Thank You!