

# Kol Haverim Membership & School Enrollment Form

<b>ADULT MEMBER 1:</b>  EMAIL:  PHONE:  ADDRESS:   CHILDREN:	<b>ADULT MEMBER 2:</b>  EMAIL:  PHONE:   DATE OF BIRTH:
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<b>MEMBERSHIP RATES</b> Please indicate your membership option:  <input type="checkbox"/> <b>Individual:</b> <span style="float: right;"><b>\$260*</b></span> <input type="checkbox"/> <b>Family:</b> <span style="float: right;"><b>\$325*</b></span>  *For households unable to pay these dues we offer a sliding scale that starts at \$170 for individual and \$260 for family. For additional assistance or payment plan contact Penny Krainin (273-3188).	\$ _____
<b>SUNDAY SCHOOL TUITION</b>  <b>WITH MEMBERSHIP:</b>  <input type="checkbox"/> <b>One child:</b> <span style="float: right;"><b>\$160 per semester / \$300 per year</b></span> <input type="checkbox"/> <b>Each additional child:</b> <span style="float: right;"><b>\$150 per semester / \$280 per year</b></span>  <b>WITHOUT MEMBERSHIP:</b>  <input type="checkbox"/> <b>One child:</b> <span style="float: right;"><b>\$240 per semester / \$450 per year</b></span> <input type="checkbox"/> <b>Each additional child:</b> <span style="float: right;"><b>\$225 per semester / \$420 per year</b></span>  Families can pay for the whole year at discounted rates. Otherwise tuition for the second semester is due in January.  <b>B'NEI MITZVAH PROGRAM</b> (In addition to tuition.)  <input type="checkbox"/> <b>6<sup>th</sup> grade</b> <span style="float: right;"><b>\$ 55 per semester / \$100 per year</b></span> <input type="checkbox"/> <b>7<sup>th</sup> grade</b> <span style="float: right;"><b>\$160 per semester / \$300 per year</b></span>	\$ _____
Please contact Wendy Gutman (277-0573, <a href="mailto:school@kolhaverim.net">school@kolhaverim.net</a> ) with questions.	
<b>ADDITIONAL CONTRIBUTIONS</b> <input type="checkbox"/> <b>General Donations to Kol Haverim</b> <input type="checkbox"/> <b>Sunday School Scholarship Fund</b> <input type="checkbox"/> <b>Other (please specify)</b> _____	\$ _____ \$ _____ \$ _____
<b>TOTAL AMOUNT ENCLOSED:</b> Please make checks payable to "Kol Haverim" and send to P.O. Box 4972, Ithaca, NY 14852-4972	\$ _____

