



**NURSERY  
2006 - 2007**

FAMILY NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**PLEASE CIRCLE THE DAYS DESIRED AND CHECK THE APPLICABLE BOX**

M	T	W	TH	F	TUITION
					\$ _____
FULL DAYS					(    )
HALF DAYS					(    ) A.M.
					(    ) P.M.
					\$ _____

FEE CALCULATION:

- |  |          |
|--|----------|
| 1. Non-refundable Early, Regular/Late Registration | \$ _____ |
| 2. Tuition   | \$ _____ |
| 3. Optional Lunch (indicate number of days ____)   | \$ _____ |
| 4. Total Fees                                      | \$ _____ |

I (we) hereby enroll my child/ren in the Akiva Pre-School Program for the school year of 2005-2006.

I (we) hereby agree to the AMOUNT AS STATED in above schedule in accordance with the payment policies. One half due by July 7, 2006; balance no later than December 1, 2006. You may also pay in 10 post-dated checks dated for the same day each month beginning August, 2006 and ending May, 2007. All ten post-dated checks must be received in the Akiva office no later than July 7, 2006.

**REFUND POLICY:**

- I. No refunds on registration fee.
- II. Commitments to teachers, etc. are based on a full year enrollment and parents or guardians of the student are responsible for the entire amount due. Therefore, no refund reduction or allowance will be made in case of withdrawal from school after October 31, 2006, unless the withdrawal is mutually agreed upon.
- III. If a child is withdrawn from school before October 31, 2006 the tuition may be refunded, less 25% of the total amount.

DATE: \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

**PLEASE RETURN WITH YOUR REGISTRATION FEE, ENROLLMENT APPLICATION AND HEALTH FORM.**