



Temple of Aaron
Rabbi Bernard S. Raskas Religious School &
Rossy & Richard Shaller Hebrew School

616 Mississippi River Blvd., St. Paul, MN 55116 (651) 698-8874 www.templeofaaron.org

2016/2017 Enrollment Form

Last Name	Parent(s) First	Address	City	Zip
Home Phone		Cell Phone(s) List Parent	Work Phone(s)	
Email address(s): _____				
(A majority of school communication is done via email with each parent so please list email <i>and</i> check regularly)				

My Baby & Me (Birth-18 Months)
 Toddler/Parent (18 months-4 years)

Pre-K- 1st grade (1 day per week)
 2nd-7th grade (2 days per week)
 8th-12th grade (2 days per week)

Child's First Name	Last Name	Hebrew Name	Birthdate	Grade Fall 2015
1.				
2.				
3.				

Financial Assistance: Do you wish to apply for financial assistance? _____ yes _____ no
If yes, complete and return enclosed form. All requests will be held in strictest confidence.

Payment options (✓ one)

1)___ I will pay tuition in full (less the 5% discount) by July 1, 2016

2)___ I will pay 50% of tuition owed by July 1, 2016 and the remaining 50% of tuition (less the 3% discount) by January 15, 2017.

3)___ I will pay monthly by automatic withdrawal from my checking account (complete & return attached form)
Circle One: Tuition Only Tuition & Dues unless we have)

4)___ I will pay monthly by VISA. (complete & return attached form)
Circle One: Tuition Only Tuition & Dues

The information on this form is accurate to the best of my knowledge.

Signature of Parent(s)/Guardian _____ Date _____

Send this completed enrollment form to:
Temple of Aaron Education Department
616 S. Mississippi River Blvd.
St. Paul, MN 55116