



**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

2017/2018 Enrollment Form

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Last Name	Parent(s) First	Address	City	Zip
<hr/>		<hr/>		<hr/>
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)				
<input type="checkbox"/> Toddler/Parent (Birth-3 years)		<input type="checkbox"/> Pre-K- 1st grade (1 day per week)		
<input type="checkbox"/> 2nd-7th grade (2 days per week)		<input type="checkbox"/> 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, 2017				
2)___ I will pay 50% of tuition owed by July 1, 2017 and the remaining 50% of tuition (less the 3% discount) by January 15, 2018.				
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.				
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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				