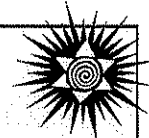


TUITION Worksheet - Yachad Community High School: 2008 - 2009

2351 Wyda Way, Sacramento, 95825 - yachad@jewishsac.org // Ph: 916-486-0906 ext. 302 // Fax: 916-486-0816



PARENT INFORMATION

Student lives with... Both Parents..... Mother only..... Father only..... Guardian (If two households, please list primary)

Primary Parent/Guardian Name(s):

Day Phone:

Evening Phone:

Cell Ph:

Congregation Affiliation, if any:

Email:

FEES AND REQUIREMENTS

Yachad tuition for the current school year covers most services, supplies & activities. In addition, a non-refundable registration fee of \$25 per family will be charged at time of registration to cover administrative costs. Also, as Yachad is a community project, participants are required to either donate volunteer hours, or pay an additional \$40 service fee.

All fees must be paid in full by December 30th, 2008.

Please complete this tuition worksheet and send with payment to the address on the reverse of this form.

a. YACHAD Base Tuition

= \$350 x _____ (number of teens):

List Student/s names here:

\$

b. Non-Refundable Registration Fee – One per household/family \$25.00 until August 15th. \$40.00 thereafter. Registration Fee must be received with this form.

\$

c. Community Participation (Fee or Volunteer Commitment)

\$

To ensure the success of this wonderful and worthy program, please check one or both!

I will volunteer a total of 6 hours over the course of the school year _____ (please initial)
(If you plan to volunteer, please fill in the accompanying Volunteer Form.)

I will pay the \$40 for our family.

\$

d. Donations and Gifts are always greatly appreciated and welcome!

\$

Your extra gift to the Yachad Scholarship Fund could mean the world to an underprivileged teen. It is our goal to enable every Jewish teen in our community to participate.

\$

TOTAL PAYMENT DUE- sum of lines a-d.

This is your total financial obligation. Please see REVERSE for payment information

\$

