



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.templelofaaron.org

2011-2012 School Pricing and Registration

Dear Parent(s):

We appreciate your help in educating your children at Temple of Aaron. We do our best to continue the Jewish education you provide them at home. We will share the beauty of our traditions and solidify Jewish friendships as your children, our students, continue on their Jewish journey.

We have just begun the process of registration for the coming year and need your commitment to Temple of Aaron and your child's(ren's) Jewish education for our Rabbi Bernard S. Raskas Religious School and Rossy & Richard Shaller Hebrew School. To operate smoothly and efficiently, we need to match our hiring and materials to the students enrolled in each program and each grade. For those of you selecting monthly VISA or direct withdrawal, please consider authorizing us to process tuition and dues to save you the time of mailing an additional check each month.

Monthly tuition for the 2011-12 school year(& previous years) is displayed below:

	<u>2011-12</u>	<u>2010-11</u>	<u>2009-10</u>
Toddler/Parent	\$31/family	30/family	29/family
Pre-K, K, 1	\$52/family	51/family	50/student
2,3,4 Grades (Sunday only)	\$52/student	51/student	50/student
2,3,4 Grades (Wed/Sun)	\$154/student	153/student	152/student
5-6 Grades (Shabbat only)	\$52/student	51/student	50/student
5-6 Grades (Wed/Shabbat)	\$154/student	153/student	152/student
7 Grade (Sunday only)	\$65/student	64/student	63/student
7 Grade (Wed/Sun)	\$154/student	153/student	152/student
8,9,10 Grades (Sun. only)	\$65/student	64/student	63/student
8,9,10 Grades (Wed/Sun)	\$89/student	88/student	87/student

To promote equity, accountability and good business practices similar to other schools, our Board of Directors has again approved some attractive tuition payment plans for the 2011-2012 school year:

Option 1: Prepay full year tuition by July 1, 2011 to be eligible for a 5% discount.

Option 2: Prepay 50% full year tuition in first half of year by July 1, 2011 and 50% in second half of year by January 15, 2012 and be eligible for a 3% discount for the full tuition. The 3% discount covers total tuition and is applied on your second payment.

NOTE: CANNOT USE VISA TO BE ELIGIBLE FOR A DISCOUNT ON OPTION 1 or 2.

Option 3: Month-to-month payments to be direct withdrawals from bank account. Withdrawals will be made after the 15th of each month. This is standard in many schools. Please complete and return the form **with a voided check**.

NOTE: If you approved option 3 last year, want us to continue, have the same account information, then just tell us to continue without submitting all of the supporting material again. Further, please consider directing us to add your monthly dues to the withdrawal so you are not writing an additional check.

Option 4: Month-to-month payments by VISA. Please complete and return the form.

NOTE: If you want us to continue current, practice please contact us via email.

Where does the tuition money go?

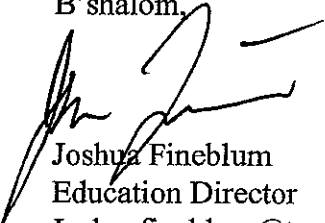
Historically, the general membership has subsidized the school tuition by paying for all the set-up and cleaning hours, utilities, clergy time, etc. Parents receiving direct benefits have been asked to pay a percentage of direct costs like teacher salaries, books, *Shabbat* Family Luncheons, *Shabbatonim*, snacks, all school programming, Wednesday Snack/Dinner, supplies, administrative staff, etc. The general congregation pays for the balance of the direct costs. The annual expense for direct costs (Toddler through 12th grade) is roughly \$222,340. Overall, a parent is asked to pay about 85% of direct costs through tuition. The general membership pays dues to cover 100% of indirect costs for the students and 15% of the direct costs.

We encourage all families with toddlers to register in our Toddler/Parent class (form enclosed-encourage your friends to try it-you don't have to be a member) and to continue through 12th grade. Candidates for an Erev Shabbat/Shabbat morning Bar/Bat Mitzvah must be enrolled in either: Temple of Aaron Shaller Hebrew School, Talmud Torah Afternoon School of St. Paul, Minneapolis Jewish Day School or Talmud Torah of Minneapolis for six consecutive years including 7th grade.

Tuition will be billed in July; spread out over the next 12 months to better fit your family budget. If you have a special financial need, we have enclosed a basic tuition assistance form, which must be completed and hand delivered, mailed or faxed (651-698-3000) confidentially to Executive Director Ken Agranoff at the synagogue office by June 1, 2011. A two person committee along with the Executive Director will review all written requests for tuition assistance.

Please return all forms that apply to you (Permission/Medical form, Enrollment form, Financial Assistance form if applicable, Authorization Agreement, Credit Card Application) to the Temple of Aaron attention: Religious/Hebrew School. We are working hard to ensure that we help you with all of your needs here at Temple of Aaron including your child's classroom education, family programming, as well as social opportunities through informal education. Please contact us with any comments about what we can do for you to make this experience an amazing one for you and your child(ren).

B'shalom,



Joshua Fineblum
Education Director
Joshuafineblum@templeofaaron.org



Kenneth R. Agranoff
Executive Director
Kenagranoff@templeofaaron.org



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2011/2012 Enrollment Form

We prepare annual student rosters. You can limit our use of specific information. Please inform us.

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)				

Hebrew and Religious School (Grades 2-7)
 Religious School ONLY (Toddler-10th)
 Honors (8/9/10 grades)

Child's First Name	Last Name	Hebrew Name	Birthdate	Grade Fall 2010
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, 2011

2) ___ I will pay 50% of tuition owed by July 1, 2011 and the remaining 50% of tuition (less the 3% discount) by January 15, 2012.

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**



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Permission/Medical Form 2011-2012
One Per Child

Name _____ Grade: _____

Home Phone _____ Cell # _____

Parent cell/work _____ Student e-mail _____

Parent cell/work _____

Father's Name _____ Parent e-mail _____

Mother's Name _____ Parent e-mail _____

In case of Emergency, if parents cannot be reached, please notify (please list two):

Name _____ Phone #: _____

Cell# _____ Relation _____

In case of Emergency, if parents cannot be reached, please notify:

Name _____ Phone # _____

Cell# _____ Relation _____

INSURANCE INFORMATION:

Insurance Carrier Name _____ Phone # _____

Group / Policy Number _____

Activities restricted by Physician's advice? _____

Dietary restrictions _____ Allergies _____

Current medications _____

Name of family Physician _____ Phone # _____

Name of family Dentist _____ Phone # _____

Please turn over and complete the back of this application.

TEMPLE OF AARON
PARENT'S AUTHORIZATION AND MEDICAL RELEASE STATEMENT

As the parent/guardian of _____, I do request and authorize Temple of Aaron to permit my child to attend and participate in any school activities in the Synagogue and outside the Synagogue, including transportation that is involved in the event excluding transport of students by tutors/aides. I accept full responsibility for his/her actions while so engaged and release Temple of Aaron, employees, and chaperones, etc., from any liability. In case of emergency, and inability to contact us, I do give permission to the physician selected by the Education Director or adult in charge of the event, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Signature of Parent or Guardian

Date

TEMPLE OF AARON PHOTO/AUDIO/VIDEO/WEBSITE RELEASE

I give my permission for photographs, slides, video or audiotapes to be taken of my child to be used for our calendar, website, public relation purposes and the promotion of Temple of Aaron. I understand that the above may be used by the mass media for newspaper or television without my consent for usage. This release is to remain in effect from September 1, 2011 through August 31, 2012.

Signature of Parent or Guardian

Date

TEMPLE OF AARON PARENT'S AUTHORIZATION OF RULES AND REGULATIONS

As the parent/guardian of _____ I acknowledge that my child will abide by all rules set forth in parent handbook. I further understand that at no time is the use of tobacco, alcohol or any illegal drug or substance permitted at any event or function. We agree that our children are not to leave premises of school/event and follow all rules applicable to school/event unless permission is granted by proper staff and/or with parent supervision and prior notice.

Signature of Parent or Guardian

Date

****Note: This information is confidential. It is the parents' responsibility to notify the Education Director & Administrative Assistant of any changes to information appearing on this form throughout the school year for the safety and protection of your child.**

Questions?
Susie Haim, Administrative assistant
651-698-8874 ext 104
susiehaim@templeofaaron.org



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Authorization Agreements (Option 3)

Direct Withdrawal-Note: Must Include Voided Check

As An ACH originator, your synagogue must obtain signed authorization agreement for consumer credit and debit entries, and for and entry initiated to correct an erroneous credit entry.

For debit entries:

- The authorization agreement for debit entries must be in writing.
- The agreement must clearly state the terms of the authorization.
- The consumer must receive a copy of the written authorization.

In addition, the authorization should include the following:

- A statement authorizing your synagogue to initiate debit entries to the receiver's account and authorizing the receiving financial institution to accept and post them.
- Provisions that allow the receiver to terminate the authorization by providing timely written notification to your company.

Pre-authorized Debit Authorization

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT	
Congregant Name: _____ Family ID Number: _____	
I (WE) HEREBY AUTHORIZE, HEREINAFTER CALLED COMPANY, TO INITIATE DEBIT ENTRIES TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED DEPOSITORY.	
Bank Name: _____ Branch: _____	
City: _____ State: _____ Zip: _____	
*Routing number: _____ Account number: _____	
*routing number is 9 digit number left of account #, bottom of check	
THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY AND DEPOSITORY HAVE RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY AND DEPOSITORY A REASONABLE OPPURTUNITY TO ACT ON IT.	
NAME(s): _____ SS NUMBER: _____	
Please print	
DATE: ___/___/___ SIGNED: _____	

Note: all written debit authorizations must state that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

I will pay monthly by DIRECT WITHDRAWL

Circle One: **Tuition Only** **Tuition & Dues**



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CREDIT CARD APPLICATION PAYMENT FORM (Option 4)

If you wish to pay by credit card, we accept VISA and Mastercard.

Cardholder Name: _____

Cardholder Billing Address:

Street: _____

City: _____

State: _____

Zip: _____

Credit Card #: _____

Expiration Date: _____

Monthly Amount: _____

Daytime Phone #: _____

E-Mail: _____

Signature: _____

I will pay monthly circle one by: VISA Mastercard

Circle One: **Tuition Only** **Tuition & Dues**



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2011 /2012 CONFIDENTIAL FINANCIAL ASSISTANCE FORM

We confidentially provide tuition assistance by reviewing and balancing families' need, number of requests and available scholarship dollars.

NAME OF APPLICANT 1:	NAME OF APPLICANT 2:
EMAIL ADDRESS:	EMAIL ADDRESS:

DEPENDENT CHILDREN

FIRST NAME:	LAST NAME:
#1	
#2	
#3	

APPLICANT #1	APPLICANT #2
MONTHLY SYNAGOGUE DUES:	MONTHLY SYNAGOGUE DUES:
ARE YOU CURRENTLY EMPLOYED?	ARE YOU CURRENTLY EMPLOYED?
EMPLOYER	EMPLOYER
OCCUPATION	OCCUPATION
LENGTH OF TIME WITH EMPLOYER:	LENGTH OF TIME WITH EMPLOYER:
MONTHLY GROSS:	MONTHLY GROSS:
OTHER INCOME:	OTHER INCOME:

TOTAL TUITION: _____ **ASSISTANCE REQUIRED:** _____

The Tuition Assistance Committee will review fully completed forms and share the decision. Please return your completed form by **June 1, 2011**.

Date Signature of Applicant #1

Date Signature of Applicant #2