

kehillat ma'arav
KEHILLAT מערב THE WESTSIDE CONGREGATION MA'ARAV

2025-2026 BAYIT ENROLLMENT FORM

Step 1: Adults

Adult 1

Last Name _____

First Name _____

Birthdate _____

Hebrew Name _____

Nickname _____

Cell Number _____

Email _____

Address _____

Home Phone _____

****Preferred Method of communication**:**

Phone Email Text

Adult 2

Last Name _____

First Name _____

Birthdate _____

Hebrew Name _____

Nickname _____

Cell Number _____

Email _____

Address _____

Home Phone _____

****Preferred Method of communication**:**

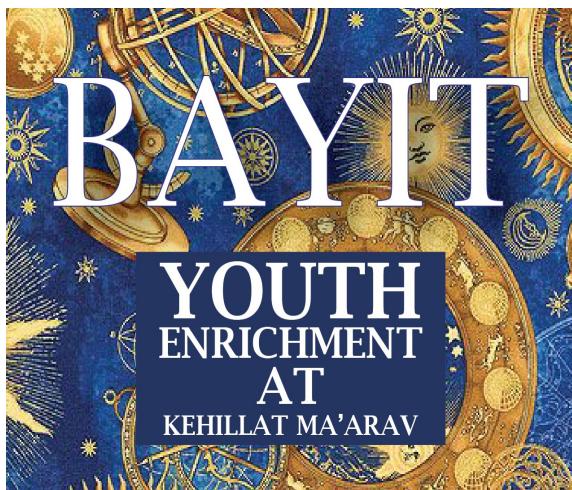
Phone Email Text

Step 2: Tuition

Please list your child(ren) on the reverse side

Grade	Member	Non-member
ALL GRADES	\$720	\$900

*Financial assistance is available for members of



Kehillat Ma'arav. Please contact Kate Flanagan, Executive Director, for more information.

Step 3: Students

Name	Hebrew Name	Birthdate	Grade at KM	Tuition
Child #1				
Child #2				
Child #3				
Child #4				

A/ Religious School Tuition (Total of all Children) \$ _____

B/ Additional Contribution (Thank you) \$ _____

Total Due (A+B) \$ _____

Please describe any additional pertinent information about your child, learning, emotional or physical matters. This will ensure a successful experience for all students.

Step 4: Indicate Payment Method

I authorize Kehillat Ma'arav to charge my credit card for the Total Due for 2025-2026 now (1 payment).

I will pay 50% of the Total Due by credit card now, and the remaining balance on or before December 15, 2025 (2 payments).

I authorize Kehillat Ma'arav to charge my credit card on the 15th of each month in equal installments between now and June 15, 2026 (monthly payments)

I have read and understand the payment options listed. Initials _____

I understand that the contribution noted above is for the School Year beginning September 2025 and ending June 2026. Initials _____

CREDIT CARD INFORMATION

Name on Card

Billing Address (if different from other side)

Visa/MasterCard/Amex#

Expiration Date

CVV