



## REGISTRATION 2024-2025

שנת הלימודים תשפ"ד

**EARLY CHILDHOOD:** For all new registrants to qualify for Nursery, your child must be 3 years old by March 31, 2025; Kindergarten registrants must be 4 years old by December 31, 2024; and Pre1A registrants must be 5 years old by December 31, 2024.

**REGISTRATION:** A registration fee of \$500 per child is set for Nursery through 8<sup>th</sup> grade. If your registration form, **complete with payment**, is received on or prior to **February 29, 2024**, you may deduct \$150 per child for early registration. Registrations received later than June 1, 2024 will be subject to a surcharge of \$200 per child (NO exceptions will be made).

### TUITION:

Nursery	\$8,500
Kindergarten	\$9,000
Pre1A	\$12,025
Grades 1 – 3 Girls	\$14,000
Grades 4 – 6 Girls	\$14,250
Grades 7 – 8 Girls	\$14,500
Grades 1 – 3 Boys	\$14,500
Grades 4 – 6 Boys	\$15,000
Grades 7 – 8 Boys	\$15,500

Preschool Hours:  
Nursery 8:45 am – 3:00 pm, Mon – Thurs, 8:45 am – 1:30 pm Fri  
Kindergarten 8:45 am – 3:30 pm, Mon – Thurs, 8:45 am – 1:30 pm Fri

**MULTIPLE CHILD TUITION REDUCTION:** If you have two children in YST's elementary division, there is a tuition reduction of \$250 per child. If you have three or more children in YST's elementary division, there is a tuition reduction of \$500 per child.

**PAYMENT:** Once registration has been completed and returned with your registration fee, a Tuition Contract with payment terms will be sent to you.

**No child will be permitted into YST without full proof of immunization schedule.**

NO FAMILY IS EXEMPT FROM FEES AND NO SCHOLARSHIP IS AVAILABLE FOR FEES

**FAMILY ASSESSMENT:** \$750 per family, to be paid in full by January 1, 2025.

**BOOKS, TECHNOLOGY & SUPPLIES FEE:** Pre1A – 8<sup>th</sup> Grade - \$500 per child. The book fee is due by August 1, 2024. Children in Nursery and Kindergarten are exempt from the Book, Technology & Supplies fee.

**FACILITIES MANAGEMENT FUND:** \$750 per family, to be paid in two installments of \$375 each due October 15, 2024 and February 15, 2025. Children in Nursery and Kindergarten are exempt from the Facilities Management Fund.

**SECURITY FEE:** For the 2024-2025 school year, we will once again be providing full-time armed guards at all three facilities. Assuming NJ State once again grants a per student security subsidy, we will assess a \$100 per student security fee for the shortfall. This will be a mandatory fee.

**FINANCIAL ASSISTANCE:** It is our goal to have a fair policy to both the parents and to the Yeshiva with regard to financial assistance. As the Yeshiva's budget would not be covered even by all parents paying full tuition, it is imperative that all families carry their share of the load to the best of their abilities. **Parents seeking financial assistance should request a scholarship application from the Business Office at (732) 777-0029 x211, to be submitted no later than May 16<sup>th</sup> to insure timely processing.** Applications received after May 20<sup>th</sup> WILL NOT be processed unless accompanied by a non-refundable \$250 processing fee. **No scholarship applications will be accepted after June 10<sup>th</sup>.**

THERE IS NO TUITION ASSISTANCE FOR NURSERY AND KINDERGARTEN.

**NO REGISTRATION WILL BE ACCEPTED UNLESS ALL PRIOR TUITION OBLIGATIONS HAVE BEEN PAID UP TO DATE.**



# Registration Form

## School Year 2024-2025

בס"ד

Please  each section to confirm information is accurate / make changes where necessary

FAMILY NAME: \_\_\_\_\_  
English Hebrew

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

FATHER:  
Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

MOTHER:  
Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

to register each student:

<u>English Name</u>	<u>Grade as of Sept. 2023</u>	<u>Date of Birth</u>	<u>Hebrew Name</u>	<u>Hebrew Birthday</u>
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**PATERNAL GRANDPARENTS:**  
Title & Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**MATERNAL GRANDPARENTS:**  
Title & Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PLEASE LIST SIBLINGS' (OTHER THAN MENTIONED ABOVE) NAMES, AGES AND SCHOOLS/PROGRAM ATTENDING (IF ANY):**

Name	Age	School/Program	Name	Age	School/Program
_____			_____		
_____			_____		

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

*Both parents must sign form for registration to be accepted.*