



www.appletree1.com

Appletree of Fairfax Kindergarten & First Grade

9655 Blake Lane
Fairfax, VA 22031
Tel: 703-281.7747 Fax: 703-281-0278

Office Use Only

Entered: _____
Grade/Rm. _____
Check #: _____
Amount: _____

STUDENT INFORMATION

Child's Name			Date of Birth		
Last:	First:	Preferred:	Month:	Day:	Year:
Student Status (check one)					
<input type="checkbox"/> Returning Appletree Student		<input type="checkbox"/> New Enrollment		If new, please provide start date: Month: Day: Year:	
<small>(Eligible for 1% returning discount)</small>					

FINANCIAL RESPONSIBLE PARTY (All account questions will be directed to this individual.)

Name			Phone Numbers		
Last:	First:	MI:	Work:	-	-
Street Address			Home: - -		
City			State		
Zip Code			Cell: - -		
Relationship		Social Security Number		Email:	

TUITION

Choose hours required (check boxes to indicate payment frequency)

Tuition Rates:	Full Time 7:00 a.m. – 6:00 p.m.	School Day 9:00 a.m. – 3:00 p.m.
Annual Tuition (without discount):	Total \$11,860.00	Total \$ 9,260.00
1 Payment (2% discount)	<input type="checkbox"/> \$11,622.80	<input type="checkbox"/> \$9,074.80
2 Payments (1% discount)	<input type="checkbox"/> \$ 5,870.70	<input type="checkbox"/> \$4,583.70
Monthly Payment (no discount)	<input type="checkbox"/> \$ 1,186.00	<input type="checkbox"/> \$ 926.00

<input type="checkbox"/> 1 Payment	Payment Due September 2010
<input type="checkbox"/> 2 Payments	Payment Due September 2010 and March 2011
<input type="checkbox"/> Monthly Payment	Payment Due monthly on the 1 st , beginning September 2010 thru June 2011 (10 installments)

Discounts to be applied: _____

Notes: _____

CONTRACT ACKNOWLEDGMENTS

Please read and initial each box. (Required)

	A Materials Fee of \$375.00 must be submitted with this Enrollment Contract. The Materials Fee is non-refundable and constitutes a good faith consideration to bind this contract..
	I agree to the Tuition Plan selected above. Tuition is to be paid by the indicated payment due dates. The school has the right to terminate the attendance of any student for reasons set forth in the Parent Handbook including the failure of parents to pay part or all of their financial obligations. There will be an \$85 late fee for any payments received after the 5th of the month.
	Thirty (30) days prior written notice is required for any student who is withdrawn during the year. Parents must submit written withdrawal notice to the Director. There will be an additional one (1) month penalty fee for any student that is withdrawn.
	There is no tuition reduction in the tuition for absences due to illnesses and/or vacations.

Signature of Parent/Guardian _____

Date _____

For Office Use:

Birth Certificate/Passport Number: _____ Initials: _____ Date: _____