



24194 Millstream Drive, Stone Ridge, VA 20105

## Student Enrollment Agreement 2016-2017

My Child \_\_\_\_\_ DOB \_\_\_\_\_

Will attend the T, EP, P, JK, K, AK, B/A program. (Circle one)

They will attend (write in number) \_\_\_\_ half \_\_\_\_ full days M T W R F and  
\_\_\_\_ extended days M T W R F; \_\_\_\_ days B / A program M T W R F.

The bi-weekly tuition for the above stated options is \$\_\_\_\_\_.

Fees:	Due	Paid
Registration (first / reenroll only)	<u>\$125</u> Non- refundable	_____
Activity Supply Fee	<u>\$160</u>	_____
Book Fee- JK / K enrichment / full day K	<u>\$100 / \$100 / \$160</u> Non- refundable	_____
Security Deposit – one bi-weekly tuition payment		_____
Total Paid	Check# _____	\$_____

Tuition is due by Tuesday of the payment week. The late fee is \$25 for late payment. I agree to give a 2 week notice to Good Beginnings School on any change on enrollment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date