



# Ava White Tutorials, Inc.

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Date: \_\_\_\_\_

## Enrollment Contract

Diagnostic Instruction for Students of all Ages

I/We \_\_\_\_\_ submit this Enrollment Contract (hereinafter "agreement") to Ava  
(Print name of person responsible for payments)

White Tutorials, Inc., (Hereinafter "AWT") for \_\_\_\_\_ in the Test Preparation or  
(Name of Student)

Tutoring for:

Select One	Program	Cost per Session
<input type="checkbox"/>	Regular (K – 8 <sup>th</sup> grade)	\$48.00/hr
<input type="checkbox"/>	High School	\$50.00/hr
<input type="checkbox"/>	Wilson/Kansas Strategies (required 2x per week)	\$60.00/hr
<input type="checkbox"/>	ACT/SAT/GRE/ or other test preparation	\$60.00/hr
<input type="checkbox"/>	College/Adult	\$60.00/hr

(hereinafter "Program"). I/We hereby willingly and freely sign this agreement, accepting all obligations herein described if \_\_\_\_\_ is accepted.  
(Name of Student)

Once this agreement is accepted by AWT, my/our obligation to pay all charges for the term of this agreement is unconditional and binding and no portion of charges paid or outstanding will be refunded or cancelled as a result of a student's absence, illness, or withdrawal from the program unless proper notice is given, as provided herein.

Tuition will be \$ \_\_\_\_\_ per session, payable between the first (1<sup>st</sup>) and fifth (5<sup>th</sup>) of the next month or per session (see below). A session will be defined as one on one instruction for 50 minutes. Monthly charges will be based on the number of sessions determined by the tutor and me/us.

# of sessions per calendar week    OR     # of sessions

I/We jointly and severally agreed to pay all charges required under the terms of this agreement and will be responsible for any and all costs of collection incurred by AWT in collecting or attempting to collect delinquent charges including, but not limited to court expenses and reasonable attorney's fees actually incurred at standard rates.

### Payments

AWT requires that a valid credit/debit card be placed on file for monthly charges. ***If no card is put on file, the customer must pay prior to each session. If the student arrives and payment has not been made, the session will be charged fully and rescheduled.*** By executing this agreement, I/we authorize AWT to debit my/our credit/debit card on/between the 1<sup>st</sup> and 5<sup>th</sup> of the month after services have been rendered. In the event that an outstanding balance cannot be charged to the



Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Student Home # \_\_\_\_\_ Student Cell # \_\_\_\_\_

Student Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**\*Mother's Name** \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**\*Father's Name** \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*\*These sections must be completed.*

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

CREDIT CARD ON FILE		TUTOR COPIED	
INITIAL PAYMENT		TERMINATION DATE	

**Student Name:** \_\_\_\_\_

*Thank you for choosing Ava White Tutorials for your student's tutoring needs.*

All AWT customers are required to put a valid credit/debit card on file for tutoring services **OR** pay by cash/check prior the start of each session.

**CHOOSE YOUR PAYMENT PLAN:**

- I will be paying for my child's tutoring via check/cash. Checks are to be made out to Ava White Tutorials. I understand that payment is due prior to each session and that if payment is not received upon student's arrival, the session will be charged as attended and rescheduled.
- I will be putting a credit/debit card on file.

**--CREDIT CARD INFORMATION--**

**Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

I authorize Ava White Tutorials, Inc. to charge the agreed amount indicated for payment per the tuition and schedule as shown in my contract to the credit/debit card provided. I understand that the payment will be processed between the 1<sup>st</sup> and the 5<sup>th</sup> of each month after service.

As the parent/guardian of the student listed above, I understand and agree to the payment terms.

\_\_\_\_\_  
Signature of parent/person responsible for payment

\_\_\_\_\_  
Date

**OFFICE NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_