

Parlez Vous, Inc.
Tuition Agreement

Client Name: _____

This agreement is made this _____ day of _____ 20__ by and between PARLEZ VOUS, Inc of Alexandria, VA (herein after called the Center) and _____ (herein after called client).

A pro-rata allowance will be made for any client joining a program after the beginning date. However, it is understood and agreed to by the clients that no reduction or credit will be granted by the Center in the event the client withdraws, except where the withdrawal is done at the specific request of the Center, or where one month's prior notice is given for relocation, or where there is a documented serious illness. Makeup credits may be offered on a case by case basis with prior permission. The client agrees to pay the charges set out hereafter for tuition for said program. The charges the client hereby agrees to pay are as follows**:

- \$ 20 Registration fee for first time students
- \$ _____ Materials Fee (where applicable)
- \$ _____ *FOR TUTORING (hourly rate \$ _____ X # of hours _____)
- \$ _____ Program Tuition

*FOR TUTORING:
Complete payment information on the left in the amount of your first payment

Total: \$ _____ due at signing this agreement

Discounts

All Programs/Tutoring:

- 25% discount for additional participating family members

Adult Tutoring:

- Advance purchase of 4+ hours = 10% discount
- Advance purchase of 10+ hours = 15 % discount

**A 5% late fee will be assessed for any late payments

**Checks should be made payable to Parlez Vous, Inc., 717 King Street, Ste. 340 Alexandria, VA 22314

X _____
Signature of Client

Date: _____

Parental Consent Form and Hold Harmless Agreement
(Required for clients under the age of 18 when paid for by parent/guardian)

Name of Child: _____

We, the undersigned person(s), understand that our child named above is being enrolled at Parlez Vous, Inc (the "Center") and will be attending _____ (program name). In doing so, and in consideration of said child being accepted into the program, we agree to assume all risk of damage or injury to him/her in connection with attendance and activities at the Center, or arising out of him/her traveling to or from the Center. We agree not to hold the Center, or its officers, directors, shareholders, and employees liable for, and hereby release them from liability for any and all damages or injuries that _____ (child's name) may receive directly or indirectly in the course of his/her attendance at the Center, and his/her participation in the Center's programs and activities.

We acknowledge having read and understood this form and hereby grant permission to _____ (child's name) to attend the Center and to participate in the Center's programs and activities without restriction, except as noted below. We further acknowledge that we have received a copy of this form. We also certify that the above information is true and correct as of the latest date we have signed below.

RESTRICTIONS, if any, to full participation: _____

Person(s) to whom _____ (child's name) may be released after having met said person with child:

- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____

Signature of Parent/Guardian
Date:

Signature of Parent/Guardian
Date: