

Please fax this form directly to:



14082 S. 40th Place, Phoenix AZ 85044
AnnArnold@A-PlusEducation.com

Office: (480) 704-5636
Fax: (480) 361-7944

Seton After-School Tutoring Enrollment Form

To enroll and reserve your requested time slot, please complete, sign, and fax this form to: (480) 361-7944 as soon as possible. This form must be received to reserve your time slot. All requested information is required.

We will email you an invoice at the end of each month and bill your credit card \$35 for each 45 minute session (or \$18 for a prearranged, small-group session). In order to avoid being charged for missed tutoring sessions, call your tutor **directly** to cancel your appointment at least the night before your scheduled session (unless cancellation is due to an unexpected severe illness or emergency).

You may cancel tutoring and this automatic billing authorization at any time by contacting us via email or phone. However, please remember to cancel at least the day before a scheduled session.

Client Information

Parent Name:	Student's Name	Phone:		
_____	_____	_____-_____-_____		
Requested Start Time:	Day of Week Requested:	Name of Course:	Teacher:	Requested Start Date:
3:00 / 3:45 / 4:30	_____	_____	_____	_____
Current Seton Sport:	Do you want us to look for another student to share this session (circle one)?			
_____	Yes / No			

Payment Information

I authorize A+ Education, LLC to automatically bill the card listed below as specified. I agree to the billing policy itemized at the top of this form.

Maximum Monthly Amount: \$ _____	Frequency: After last session of every month
Start billing and sessions on: _____ MM/DD/YYYY .	End billing: <input type="checkbox"/> When Tutoring Services Terminate <input type="checkbox"/> By Specified Date: _____

Credit Card Information

Credit card type (Circle One):	Credit card number:	Expires: MM/YYYY
MasterCard / VISA / Discover / Amex _____	_____	_____/_____/_____
Cardholder's name: (as shown on credit card, include any middle initial)	Billing Address (required):	
_____	_____	
_____	_____	
Credit Card Customer's signature:	Date:	
_____	_____	
Email address for Invoices/Statements: _____		
