

Alexandria Academy of Fine Arts and Science
311 North Washington Street, Alexandria, VA 22314
Application Form September 15th-December 20th, 2008

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00-9:45 Music Together "Maracas" 4mos -5 Years \$208	Little One Academy 9:00-12:00 18 mos -3 yrs Drop off \$775 for one day \$1525 for two days		Little One Academy 9:00-12:00 18 mos -3 yrs Drop off \$775 for one day \$1525 for two days		
		10:45-11:30 Ballet 2-3 yrs (accompanied) \$275			9:45 -10:30 Ballet 2-3 yrs (accompanied) \$275
		11:45-12:30 Ballet 2-3 yrs (accompanied) \$275			10:45-11:30 Ballet 3-4 yrs \$275
	12:45-1:30 Language (French/Spanish) 3-5 yrs \$275	12:45-1:30 Ballet 3-4 yrs \$275			11:45-12:30 Ballet 4-6 yrs \$275
	3:00-3:45 Science/ Art 5-7 yrs \$275	1:45-2:30 Ballet 4-5 yrs \$275	1:45-2:30 Ballet 3-4 yrs \$275		
	4:00-4:55 Art 7-10 yrs \$275	2:45-3:30 Ballet 2-3 yrs (accompanied) \$275	2:45-3:30 Ballet 4-5 yrs \$275		
	4:30- 5:15 Language 6-10 yrs \$275	4:15-5:00 Chinese 4-6 years old \$290	3:45- 4:30 Ballet 5-6 yrs \$275		
		5:00-6:00 Chinese 6-9 years old \$290	4:45 - 5:30 Ballet 7-11 yrs \$275		

- Application form on the back
- For more information check Alexacademy.com
- Tutorials available in French and Spanish and Chinese

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The Academy will be closed on all Federal Holidays. AAFAS follows the basic Fairfax County schedule for bad weather closings or early dismissals. Please listen for the Fairfax County Public School announcements on local radio or television, or visit the [Fairfax County Public Schools website](#).

Child's name.....
Date of birth.....
Special interests.....
Current school.....
Parent's name

Address

City

State and zip

Phone/ Email

Allergies/ Special needs.....

Emergency contacts

Name..... Phone.....

Name..... Phone.....

Preferred day Preferred day.....

Preferred time Preferred time.....

Credit card information (Visa/Mastercard)-----
(expiration date)-----

Medical Permission: (must be signed by the parent or guardian)
I authorize the School, in an emergency when I cannot be contacted, to act on my behalf in regard to the health, safety, and well-being of the student. If deemed necessary, this shall include taking the student to the nearest emergency room or hospital. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of the student. I agree to release and indemnify Alexandria Academy of Fine Arts and Science from any and all liability arising out of a good faith decision made by the School in this regard and agree that I am responsible for all medical costs.

Signature:.....Date.....

- tuition must accompany application
- checks made payable to AAFAS or by credit card
- no refunds

Alexandria Academy of Fine Arts and Science
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