 HEP TX Registration Form

 2021-2022

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Grade\_\_\_\_\_\_ Male/Female

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Parent(s) Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/phone: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home

Parent/phone: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Cell/Home Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please note that we MUST have a contact that can be reached during school hours.)**

Other Emergency contact name/phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical issues or learning differences? \_\_\_\_\_\_\_\_\_\_ If, so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESA member? Yes/No Yearbook Club? Yes/No Graduating this year with us? Yes/No

**Registration Information**

|  |  |  |
| --- | --- | --- |
| Course Name (list each class you are purchasing) | RecommendationAttached or Seen(Honors classes) | Cost |
| Example: JTT 9 | √ | $1090.00 |
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| --- | --- |
| **FOR OFFICE USE ONLY:** |  |
| Class Sub-Total (includes non-refundable deposits) | $\_\_\_\_\_\_\_\_\_\_\_ |
| Less Previously Paid Deposits  | $\_\_\_\_\_\_\_\_\_\_\_ |
| Finance Fee(s) @$15/class (non-refundable) | $\_\_\_\_\_\_\_\_\_\_\_ |
| Due Today - ½ Downpayment + Finance Charges (Unless using a customized plan) | $\_\_\_\_\_\_\_\_\_\_\_ |
| Remaining Balance Due October 31 (Nov. 1)And November 30… | $\_\_\_\_\_\_\_\_\_\_\_ |
| In two equal payments of  | $\_\_\_\_\_\_\_\_\_\_\_ |
| **Please note that late payments will result in a 15% charge per month on outstanding amounts.**  |
| Forms Received (check off):Waiver \_\_\_\_, Ins. Card \_\_\_\_, Medical: \_\_\_\_\_, Teacherease (explained) \_\_\_, Initialed: \_\_\_\_\_ Teacherease Added:\_\_\_\_\_\_\_\_\_\_ |

**PAYMENT INFORMATION:**

Cash / Check / Credit Card (Visa / Mastercard)

For credit card payments ***by mail,*** please complete the following:

*(This information will be destroyed after payment received. We do not keep it on file.)*

Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_(mm/dd/yy)

Numeric Street # or PO Box number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

(Card billing address)

**PAYMENT AGREEMENT: (Please read carefully as this is a legal contract.)**

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas and myself. **I understand and agree to pay in full for any and all classes that my child is enrolled in even if my child withdraws from the class during the semester.** HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I also understand that if my child contracts Covid-19 at an HEP TX, Inc. function, HEP TX will not be held liable, nor will its employees. I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX’S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

 (Parent/Guardian)

(Rev. 9/8/2021)