

FOR OFFICE USE ONLY:	
Class Sub-Total	\$ _____
Less Previously Paid Deposits	\$ _____
Finance Fee(s) @\$15/class	\$ _____
Due Today - 1/2 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)