<u>SUMMER CAMP</u> - Registration Form 2019

The Home Education Partnership of Texas, Inc.

11665 Fuqua Street, STE A-100 Houston, TX 77034 281-922-0478

Student Name: _____ Age:_____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ parent e-mail address _____

Parent's Name: _____ Emergency Phone: _____

All summer camps must be paid in full at time of registration.

Course Name	***Cost of course***

Method of Payment:

Cash _____ Check # _____ Driver's License #_____

Credit Card: MC Visa (circle one)

Card # _____ Expiration Date: _____
Card address: _____ card zip code: _____ CVC #: _____

Payment Agreement—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 HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

_____ _____ _____
Parent/Guardian **Relationship** **Date**

Office Use Only – Employee should complete the following information:

_____ **Medical Form received** _____ **Insurance Card** _____ **Waiver Received**

_____**Already On File** _____ **Employee's Initials** _____ **TE**