

HEP TX Registration Form 2020-21

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESA Member \_\_\_\_\_\_\_\_\_\_\_\_ Yearbook Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to order a yearbook? \_\_\_\_\_\_ Does your child have any medical issues or learning differences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to participate in HEP’s Graduation this year? Yes No

**Registration Information:**

|  |  |  |
| --- | --- | --- |
| Course Name (list each class you are purchasing) | RecommendationReceived  | Cost |
| Example: English 7 | N/A | $595 |
|  |  |  |
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| --- | --- | --- | --- |
| **Office Use Only:** |  | Sub-Total Cost: |  |
|  |  |  |  |
| Finance Charge - $15 per course |  |  |  |
| Surcharge for CC usage – 3% total |  |  |  |
|  |  | Total Cost: | Total Due today: |

**Office Use Only:** Waiver Received \_\_\_\_\_ Medical Form \_\_\_\_\_\_\_ Insurance Card \_\_\_\_\_\_ TE \_\_\_\_\_\_\_\_\_\_ Employee\_\_\_\_\_\_\_

**Payment Information:**

Cash Check

Credit Card Type: Visa, MC, Discover, Am Ex (3% surcharge; non-refundable)

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVS # \_\_\_\_\_\_\_\_\_

Address for CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code for CC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. 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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Relationship Date

 Form update: 4/27/20