



# HEP TX Registration Form 2024-2025

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

( Male or Female )    Age \_\_\_\_\_    Grade \_\_\_\_\_    DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Parent #1 email \_\_\_\_\_ Cell/Home \_\_\_\_\_

Parent #2 email \_\_\_\_\_ Cell/Home \_\_\_\_\_

Student email \_\_\_\_\_ Student Phone: \_\_\_\_\_

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

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

Does your student have any medical issues or learning differences? Yes or No If so, please list: \_\_\_\_\_

**TEACHEREASE: IT IS IMPERATIVE THAT PARENTS OF NEW STUDENTS SET UP THEIR ACCOUNT WITH TEACHEREASE AND CHECK IT DAILY. IT IS THE COMMUNICATION PORTAL BETWEEN PARENTS AND FACULTY.**

### Registration Information

Course Name (list each class you are purchasing)	Recommendation Attached or Seen (Honors classes)	Cost
<b>SUBTOTAL</b>		\$

<b>Continued...</b>	
Class Sub-Total (from previous page)	\$ _____
Class Tuition - Non-refundable Deposit (\$150 per class)	\$ _____
New Student Application Fee (\$35.00), if applicable.	\$ _____
Registration Fee (\$125.00/yr.)	\$ _____
Art Class Fee (\$70.00 per class; Classical School \$35.00), if applicable.	\$ _____
<b>SUBTOTAL</b>	\$ _____
<b>Deposit Due Upon Registration:</b> (Tuition Non-refundable Deposit +New Student + Registration + Art Fees)	\$ _____
<b>June 1<sup>st</sup> – Tuition in full or 1/2 Down Payment + Finance Charges (unless using a customized plan)</b>	
Finance Fee(s) @\$15/class (non-refundable)	\$ _____
Remaining Balance (Payments due October 7 <sup>th</sup> and November 4 <sup>th</sup> )	\$ _____
In two equal payments of	\$ _____
<b>Please note that late payments will result in a 15% charge per month on outstanding amounts.</b>	
Forms Received: Waiver _____, Ins. Card _____, Medical: _____, Teacherease (explained): _____, Teacherease Added: _____ Contract Signed: _____	

**PAYMENT INFORMATION:** Cash / Check / Credit Card (Visa / Mastercard)

For credit card payments please complete the following:

*(A 3% processing fee will be charged when paying with credit cards. There is no additional fee for cash and check transactions.)*

Card# \_\_\_\_\_ Expiration: \_\_\_\_\_ (mm/dd/yr)

Credit Card Zip: \_\_\_\_\_ CVV: \_\_\_\_\_

**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)

(updated 2/22/24)