

Continued...	
Class Sub-Total (from previous page)	\$ _____
Non-refundable deposit for each class - \$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.	\$ _____
SUBTOTAL	\$ _____
Deposit Due Upon Registration: (Tuition Deposit + New Student + Registration + Art Fees)	\$ _____
June 1st – Tuition in full or 1/2 Down Payment + Finance Charges (unless using a customized plan)	\$ _____
Finance Fee(s) @\$15/class (non-refundable)	\$ _____
Remaining Balance (Payments due October 6 and November 3)	\$ _____
In two equal payments of	\$ _____
Please note that late payments will result in a 15% charge per month on outstanding amounts.	
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)