Registration Form								
For office use only: Registration Appointment Day/Time:								
See other side for <u>required</u> signatures and consent					heet for additional students)			
					Check if new to HCEC Classes			
Last Name Fa								
Address				Zi	p			
Home Phone:			Best Onsite Cell Phone Number:					
Parent E-mail Church Affiliation:								
Student's Name:			Student's Name:					
Date of Birth:	Grade:		Date of Birth	•	Grade:			
	# of Classes		# of Classes					
	# of Homework Rooms		# of Homework Rooms					
	HCEC Grade Level		HCEC Grade Level					
Student's Name:			Student's Name:					
Date of Birth:	Grade:		Date of Birth		Grade:			
	# of Classes		# of Classes					
	# of Homework Rooms		# of Homework Rooms					
	HCEC Grade Level		HCEC Grade Level					
Date Enrolled Registered By			Consents/	Consents/Signatures Checked				
Total # Classes Total # HWRM Total # Students				Total # cl	Total # classes w/ teaching parent			
Payment Summary Choose Option 1 or 2					For Office Use ONLY			
Make checks payable to HCEC				☐ Multiple Reg. Forms				
Option #1 - Payment in Full (\$20 per class is non-refundable)			indable)	Da	to Cl	ool: #	Amount	
HCSG (HCSG Non-Member)			<u>Totals</u>	<u>Da</u>	te Cn	eck #	Amount	
1-Hour / Once a week x \$ 60.00 (\$65.00)								
2-Hour / Once a week x \$ 120.00 (\$130.00)								
Homework Room Hours x \$ 5.00								
TOTAL CLASS COSTS								
☐ Option #2 – Minimum Initial Registration Deposit (non-refundable)								
Total Number of Classes x \$ 20.00								
TOTAL OF INITIAL PAYMENT								
The final bill will be distributed September 11, 2018 and the balance is due September 19, 2018 .								