

Registration Form

For office use only: Registration Appointment Day/Time: _____ WT _____

See other side for required signatures and consent (Attach another sheet for additional students)

Check if information has changed in the last 6 months Check if Single Parent Check if new to HCEC Classes

Last Name _____ Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

Home Phone: _____ **Best Onsite Cell Phone** _____

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/Signatures Checked _____

Total # Classes _____ Total # HWRM _____ Total # Students _____ Total # classes w/ teachingparent _____

Payment Summary Choose Option 1 or 2

For Office Use ONLY

Checks or Cash only. Make checks payable to HCEC *Staff/LTT* *NLC*

Multiple Reg. Forms

Option #1 - Payment in Full (\$20 per class is non-refundable)

HCSG (HCSG Non-Member) Totals

_____ 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 _____

<u>Date</u>	<u>Check #</u>	<u>Amount</u>

The final bill will be distributed **February 26, 2019** and the balance is due **March 6, 2019**.