

# Registration Form

*For office use only: Registration Appointment Day/Time: \_\_\_\_\_*

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 Number:** \_\_\_\_\_

Parent E-mail \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

<b>Student's Name:</b>			<b>Student's Name:</b>		
<b>Date of Birth:</b>		<b>Grade:</b>	<b>Date of Birth:</b>		<b>Grade:</b>
	# of Classes		# of Classes		
	# of Homework Rooms		# of Homework Rooms		
	HCEC Grade Level		HCEC Grade Level		

<b>Student's Name:</b>			<b>Student's Name:</b>		
<b>Date of Birth:</b>		<b>Grade:</b>	<b>Date of Birth:</b>		<b>Grade:</b>
	# 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/ teaching parent \_\_\_\_\_

## Payment Summary Choose Option 1 or 2

**For Office Use ONLY**

*Make checks payable to HCEC*

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

<u>HCSG</u>	<u>(HCSG Non-Member)</u>	<u>Totals</u>
____ 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**

Multiple Reg. Forms

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

The final bill will be distributed **March 6, 2018** and the balance is due **March 14, 2018**.