Class Registration Form 2009-10

Home Education Partnership of Texas, Inc.

11665 Fuqua, STE A-100 Houston, TX. 77034

Student Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ parent e-mail address _____

Parent's Name: _____ Emergency Phone: _____

Name of Class (Use a separate form for each class.)	Amount Paid	Amount Financed

Method of Payment:

Cash _____ Check # _____ Driver's License # for checks only_____

Credit Card: MC Visa Discover American Express (circle one)

Card # _____ Expiration Date: _____

Payment Agreement—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, Inc. 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, Inc. 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 HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.**

_____ _____ _____

Parent/Guardian **Relationship** **Date**

Revised 4/2/09

_____

Office Use only - Employee should complete the following information:

_____ Medical Form received _____ Insurance Card _____ Waiver Received

_____ Credit Card authorization Form _____ Employee's Initials