

Covenant Home School Resource Center

2010-2011 CLASS SCHEDULE

Classes run September 2010 thru May 2011

Office location: 1117 E. Devonshire Ave, Phoenix, AZ 85014

Phone: 602-277-3497

E-mail: info@chsrc.org

Website: www.chsrc.org

Parent's Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Home Ph: (____) _____ Cell Ph: (____) _____

If student's last name is different than parent's last name, please list below.	Semester Lab/Supply Fee (non-refundable) <small>\$ Fee = No. of Sem</small>	Yearly Rental Book Fee	Monthly Tuition First & last month tuition due Non-refundable	Additional Months paid in advance	Total
<i>Class: 7&8 grade Science</i> <i>Student: Johnny Quest</i> <i>Grade: 7</i>	<i>\$80 = 2 Sem</i>	\$25	<i>\$45 x 2 = \$90</i>	<i>7 mos = \$315</i>	<i>\$510.00</i>
Class: _____			X 2		
Student: _____ Grade: _____					
Class: _____			X 2		
Student: _____ Grade: _____					
Class: _____			X 2		
Student: _____ Grade: _____					
Class: _____			X 2		
Student: _____ Grade: _____					
Sub-Totals for classes					
Registration Fee per family (non-refundable)					\$60.00
Suggested Donation per family per semester - \$50.00					
TOTAL DUE UPON REGISTRATION					

PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT

I understand and agree by initialing the following:

- _____ Monthly payments are due by the first of the month. Accounts not paid by the 15th will be assessed a late fee of **\$10.00 a month**. Tuition is due even if a class is missed.
- _____ I acknowledge that the first and last month's tuition is non-refundable.
- _____ Report cards will not be issued if there is any balance due to CHSRC.
- _____ Student/s will be withdrawn from class if my account is 45 days delinquent unless other arrangements have been made with CHSRC office directly.
- _____ I agree to pay a fee of \$30 for any returned checks, plus the original amount due.
- _____ I will check my mailbox on a weekly basis. (This is the main way information will be conveyed.)
- _____ If my student/s must be absent, I will contact Covenant at 602-277-3497 and leave a message so all teachers may be properly notified.
- _____ I will take responsibility for getting the class assignments when my student misses class. Homework is due as scheduled even if a class is missed. Contact teacher for specifics.
- _____ I will notify CHSRC office directly if I withdraw prior to the end of the school year. I agree to pay tuition until withdrawal notification is received in the school office.

Signed: _____ **Date:** _____ **page** ___ **of** ___ **pages**

For Office use only:

 Copy to family _____ Class enrollment book _____ Family Mailbox _____ Handbook given _____ Teacher Notified _____
 Payment: Cash _____ Credit Card _____ MO _____ Ck # _____ Amt: _____ Date _____
 QB: Reg. Fee: _____ 1st/last mo Tuition: _____ Mo/Tuition/MemTx _____ Lab/Supply MemTx _____ Book Fee _____ Donation _____