

# Covenant HomeSchool Resource Center

## 2011-2012 Class Registration

Classes run September thru May

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

Phone: 602-277-3497 E-mail: [info@CHSRC.org](mailto:info@CHSRC.org) Website: [wwwchsrc.org](http://wwwchsrc.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) \$ Fee = No. of Sem	Yearly Book Rental/ Purchase Fee	Monthly Tuition First & last month tuition non-refundable	Additional Months paid in advance	Total
Class: 7 & 8 grade science Student: Jonny Quest (sample) Grade: 7		\$80=2sem	\$25.	\$25 x 2 = \$50	7 mos = \$175	\$330.00
<b>Class:</b>						
<b>Student:</b> _____ <b>Grade:</b> _____						
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<b>Student:</b> _____ <b>Grade:</b> _____						
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<b>Student:</b> _____ <b>Grade:</b> _____						
<b>Sub-Totals for classes</b>						
<b>Registration Fee per family (non-refundable)</b>						<b>\$60.00</b>
<b>Suggested Donation per family per semester - \$50.00</b>						
<b>TOTAL DUE UPON REGISTRATION</b>						

**PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT**

**I understand and agree by initialing the following:**

- \_\_\_\_\_ Montly payments are due by the first of the month. Accounts not paid by the 15<sup>th</sup> 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 the last month's tuition are non-refundable.
- \_\_\_\_\_ Report cards will not be issued if there is any balance due to CHSRC.
- \_\_\_\_\_ Students will be withdrawn from class if my amount is 45 days delinquent unless other arrangements have been made with the CHSRC office directly.
- \_\_\_\_\_ I agree to pay a fee of \$30.00 for any returned checks, plus the original amount due.
- \_\_\_\_\_ I will check my mailbox each day my child has a class. (This is the main way information will be conveyed.)
- \_\_\_\_\_ If my student 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 \_\_\_\_\_ Teacher Notified \_\_\_\_\_ Payment: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Ck# \_\_\_\_\_ Amt. \_\_\_\_\_ Date \_\_\_\_\_  
 QB: Reg Fee \_\_\_\_\_ 1st/last mo tuition \_\_\_\_\_ Mo tuition/memtext \_\_\_\_\_ Lab/Supply MemTx \_\_\_\_\_ Book Fee \_\_\_\_\_ Donation \_\_\_\_\_