

Office Use Only

Reg Fee & Half Tuition Paid \_\_\_\_\_ Tuition Paid in full: \_\_\_\_\_

Chesterfield Presbyterian Church  
Homeschool Network 9Up  
15037 Clayton Road  
Chesterfield, MO 63017

**2024/2025 Registration Form, HSN 9Up, for High School Students**

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_

(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip \_\_\_\_\_

Siblings' first names and ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred email address for receiving HSN communication \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  other \_\_\_\_\_

Child's Legal Guardian:  Both Parents  Mother  Father  other \_\_\_\_\_

**Classes** Please list each class this student is registering for. Remember that cost does not include any needed texts, workbooks, test booklets, etc., as per the course description.


**Registration and Payment Schedule**

All checks should be made payable to **CPC Homeschool Network**. There is a **\$70 registration fee per student** for the year, good for however many classes the student takes.

**Half of tuition and registration fee is due June 1, 2024. This payment confirms enrollment in class.**

**Second half of tuition is due August 1, 2024.**

Please note when payments are due. Thank you!

Please list any special learning issues (auditory processing, dyslexia, dysgraphia, other) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Medical Information:**

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_

Does your child have allergies or special medical conditions, including chronic health problems?

( ) Yes ( ) No Please specify: \_\_\_\_\_

Are there any special procedures required in caring for your child? ( ) Yes ( ) No

Please specify: \_\_\_\_\_

**By signing this document I agree to the following conditions:**

- When my child is ill, I understand and agree that my child will not be in attendance.
- This certifies that my child is, to my knowledge, in good health and free of disabilities or conditions that would endanger him/her or other children in the classrooms.
- I understand that my child/ren is/are not registered until the registration fee and first half of tuition payment are paid.
- I acknowledge that HSN is not designed to teach students with all types and degrees of learning disabilities.
- **I agree to pay the tuition in full by August 1, 2024.**
- I understand that all payments are non-refundable due to contractual obligations with the teachers.
- I agree that the information I have completed is correct to the best of my knowledge.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_