

Office Use Only

Reg Fee & 1/3 Tuition Paid _____ 1/3 Tuition paid _____ Paid in full: _____

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

2025/2026 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 (street #, street, city, state, 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 **non-refundable** registration fee per student for the year, good for however many classes the student takes. **Before June 1st the registration fee is \$70. After June 1st the registration fee is \$90 per student.**

The registration fee and one third of total tuition is due June 1, 2025 upon registration. This payment confirms enrollment in class.

Second third of tuition is due August 1, 2025. Final third of tuition is due Sept. 1, 2025.

Please note when payments are due. Thank you.

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

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 third 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 Sept. 1, 2025.**
- I understand that once classes start, 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: _____