

Office Use Only

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

Chesterfield Presbyterian Church  
Homeschool Network 9Up  
14885 Clayton Road  
Chesterfield, MO 63017

**2026/2027 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.

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**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 1<sup>st</sup> the registration fee is \$70. After June 1<sup>st</sup> the registration fee is \$90 per student.**

**The registration fee and one third of total tuition is due June 1, 2026 upon registration.** This payment confirms enrollment in class.

**Second third of tuition is due August 1, 2026. Final third of tuition is due Sept. 1, 2026.**

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 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, 2026.**
- 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:** \_\_\_\_\_