Covenant Home School Resource Center
2009-2010 CLASS SCHEDULE
Classes run September 2009 thru May 2010

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.	**D – Dev N - North**	**Semester Lab/Supply Fee** (non-refundable) $ Fee = No. of Sem	**Yearly Rental Book Fee**	**Monthly Tuition** First & last month tuition due Non-refundable	**Additional Months paid in advance**	**Total**
Class: 7&8 grade Science *Student: Johnny Quest* *Grade: 7*	*D*	*$80 = 2 Sem*	*$25*	*$45 x 2 = $90*	*7 mos = $315*	*$510.00*
Class: **Student:** **Grade:**				X 2		
Class: **Student:** **Grade:**				X 2		
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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_____ Student/s will be withdrawn from class if my account is 45 days delinquent unless other arrangements have been made with CHSRC office directly.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:
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Copy to family _____ Class enrollment book _____ Family Mailbox / assigned campus _____ 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 _____