2025-2026 HDTC Registration Form

Student's Name:	

Street Address: City, Zip Code	

Phone Number	**cell:**	**home:**

Grade (Fall 2025)	**Date of Birth:**

Parent's Name:	
Parent's Email:	

Class	**Day**	**Time**	**Cost**

************************For Office Use Only******************************

NON-REFUNDABLE FAMILY REGISTRATION FEE $35 _____ Total: $ _____

Total due at registration: Check #: _____ Deposit _____ + $35 = $ _____

	September 1 Installment	November 1 Installment	February 1 Installment
Amount Due			
Date			
Check Number			
Amount Paid			