

2020-2021 HDTC Registration Form

Student's Name:	
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Street Address, City, Zip Code	
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Phone Number	Cell:	Home:
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Grade (Fall 2020)	DOB & Age:
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Parent's Name/Email:	
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Class	Day	Time	Cost

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

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

Total due at registration: Check #: _____ 1st Payment _____ + \$35 = \$ _____

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