Hamilton Homeschool Fall Semester 2025 Registration Form

Please "X" the session for which you	ı are registe	ring.				
[] Complete Semester: Thursdays : S Select class time : [] 9am – 11am	-	– Nove	mber 6			
[] Complete Semester: Fridays : September Select class time: [] 9am – 11am						
		-	-			
Homeschool group class: Class is 2 h	nours long a	nd run	s for 10 consecutive	e week	s. This prog	gram is for
children 7 years and older. The cost is				sit per	child is due	with
registration if you are registering via th	e Hamilton I	Homeso			_	=
Hamilton Homeschool Partnership			Number of children attending		Total	
Complete Session (10 consecutive weeks)	\$395	X			\$	
\$35 deposit for complete session with Hamilton Homeschool Partnership	\$35	X		=	\$	
Deposit is subtracted from session fee. (\$360 per child is billed to the partnership)			Total will be billed to Hamilton	=		1
Please fill out the following information	n to let us kr	now how		iren w	ill he attendi	na classes
rease in out the following information	ii to ict us ki	low no	w many or your chine	iicii w	in oc attenui	ing classes.
Name of student enrolling	Age		Name of student enrolling			Age
Name of student enrolling	Age		Name of student enrolling			Age
PAYMENT/REFUND POLICY						
The deposit/first class payment is non-	refundable a	nd ic re	quired at the time of	regist	ration to hole	d your child's
spot for the session indicated above. N			=	_		-
In that case your check will be return	•	•	_	ion to	choose an a	lternate class
time/date . The remaining balance will	be billed to	Hamilt	on on your behalf.			
I have read the above Payment/Ref	fund Policy	and ag	ree to these terms.			
(Parent/Guardian Signature)			Date			
(Parent/Guardian Signature)						
Parent/Guardian Name:						
Address:						
Phone number:						
Make	check payabl	le to: So	eminole Canyon Farm			
Seminole Canyon Fa	ırm	2849 ½	113 th Ave	Alle	egan, MI 49010)