

# HCYA MEMBERSHIP FORM



**Please Print Legibly! – Include \$20.00 for each student**

DATE OF REGISTRATION: \_\_\_\_\_

SCHOOL YEAR ENROLLING FOR: 20 \_\_\_\_ — 20 \_\_\_\_

## **FAMILY INFORMATION:** Notify us of any changes during the year

FATHER'S NAME \_\_\_\_\_ EMPLOYER/JOB \_\_\_\_\_  
First Last

MOTHER'S NAME \_\_\_\_\_ EMPLOYER/JOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY HOME PHONE \_\_\_\_\_

FATHER EMAIL \_\_\_\_\_ MOTHER EMAIL \_\_\_\_\_

FATHER WORK PHONE \_\_\_\_\_ MOTHER WORK PHONE \_\_\_\_\_

FATHER CELL PHONE \_\_\_\_\_ MOTHER CELL PHONE \_\_\_\_\_



**NOTE:** email is used for ALL notices and announcements. If you don't have email you will receive NO notices or information!

SUPPORT GROUP MEMBER? ☐ Yes: Years \_\_\_\_ ☐ No S.G. CONTACT PERSON \_\_\_\_\_

SUPPORT GROUP NAME \_\_\_\_\_ S.G. CONTACT PHONE \_\_\_\_\_

## **STUDENT INFORMATION:** *(Only for students enrolled in HCYA activities) \*\**

STUDENT NAME: (Last, "Name go by") \*\* *(HCYA uses the name each student usually goes by for all of its records – except Graduation uses FULL name.)*

1. \_\_\_\_\_ SEX: ☐ M ☐ F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #1 EMAIL: \_\_\_\_\_ Yrs. Homeschooled: \_\_\_\_ ☐ GRAD. SENIOR? ☐ in HCYA last year?

Student #1CELL PHONE: \_\_\_\_\_ Other HCYA activities involved in: \_\_\_\_\_

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? \_\_\_\_\_

2. \_\_\_\_\_ SEX: ☐ M ☐ F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #2 EMAIL: \_\_\_\_\_ Yrs. Homeschooled: \_\_\_\_ ☐ GRAD. SENIOR? ☐ in HCYA last year?

Student #2CELL PHONE: \_\_\_\_\_ Other HCYA activities involved in: \_\_\_\_\_

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? \_\_\_\_\_

3. \_\_\_\_\_ SEX: ☐ M ☐ F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #3 EMAIL: \_\_\_\_\_ Yrs. Homeschooled: \_\_\_\_ ☐ GRAD. SENIOR? ☐ in HCYA last year?

Student #3 CELL PHONE: \_\_\_\_\_ Other HCYA activities involved in: \_\_\_\_\_

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? \_\_\_\_\_

4. \_\_\_\_\_ SEX: ☐ M ☐ F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Student #4 EMAIL: \_\_\_\_\_ Yrs. Homeschooled: \_\_\_\_ ☐ GRAD. SENIOR? ☐ in HCYA last year?

Student #4 CELL PHONE: \_\_\_\_\_ Other HCYA activities involved in: \_\_\_\_\_

If student joined HCYA & paid the \$20 membership fee earlier this year through another HCYA program – WHICH program? \_\_\_\_\_

☐ **CHECK IF ENROLLING MORE THAN 4 STUDENTS** *(use 2 Registration Forms)*

## **ACKNOWLEDGMENT OF HCYA'S RULES:**

We, the parents of the above students, have reviewed and acknowledge the STATEMENT OF PURPOSE and STATEMENT OF BELIEF for HCYA. We agree that our family supports the goals of HCYA and will follow the rules of HCYA's programs. We understand that HCYA reserves the right to expel my child for repeated or serious violations. We certify that we are legally home schooling according to Texas law.

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

### **OFFICE USE ONLY:**

HCYA Member Fee Pd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received By: (Initials) \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

☐ Cash ☐ Check: No. \_\_\_\_\_