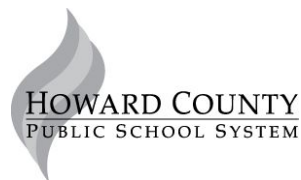


# Innovative Pathways Program

**Mail-In Payments:** HCPSS Attn: Innovative Pathways, 10920 Clarksville Pike, Ellicott City, MD 21042



## Registration Payment Form

A complete Registration Payment Form must be submitted with any in-person payments brought to Homewood Center on scheduled Registration and Payment dates, or with any checks/money orders mailed in to Innovative Pathways Office.

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| <b>Student's Name:</b><br>(First and Last)                  |   |  |  |   |   |
| <b>Student's Date of Birth OR Student ID Number:</b>        |   |  |  |   |   |
| <b>Student's Program:</b>                                   | <input type="checkbox"/> Digital Education <input type="checkbox"/> Evening Program <input type="checkbox"/> Summer Program<br><input type="checkbox"/> Credit Recovery |  |  |   |   |
| <b>Parent/Guardian's Full Name:</b><br>(Printed)            |   |  |  |   |   |
| <b>Phone Number / E-mail Address</b>                        |   |  |  |   |   |
| <b>Parent/Guardian's Signature:</b>                         |   |  |  |   |   |
| <b>Payment Information</b>                                  |   |  |  |   |   |
| <b>Amount of Payment:</b>                                   |   | <b>Payment Date:</b>                       |  | <b>Type:</b>                                  | <input type="checkbox"/> Cash <input type="checkbox"/> Money Order<br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card |
| <b>For Check / Money Order Payments ONLY:</b>               |   |  |  |   |   |
| <b>Name on Payment:</b>                                     |   |  |  | <b>Check Number:</b>                          |   |
| <b>For Credit Card Payments (MasterCard and Visa) ONLY:</b> |   |  |  |   |   |
| <b>Name on Payment:</b>                                     |   |  |  | <b>Full Billing Address:</b>                  |   |
| <b>Credit Card Number:</b>                                  |   |  |  |   |   |
| <b>Security Code:</b>                                       |   | <b>Expiration Date:</b>                    |  |   |   |
| <b>For Innovative Pathways Office Use Only:</b>             |   |  |  |   |   |
| <b>Payment Received By:</b>                                 |   |  |  | <b>Date:</b>                                  |   |
| <input type="checkbox"/> Entered in GAFE                    |   | <input type="checkbox"/> Mailed in Payment |  | <input type="checkbox"/> On-Site Registration |   |

**Envision Payment Solutions** has been selected by HCPSS as its check service provider. Please be aware that if your check is turned, it may be re-presented electronically. Also, in presenting a check for payment, you authorize service charges and processing fees to be debited from the same account should the check be dishonored. These fees, as permitted by state law, may be debited as a paper draft or an electronic funds transfer, at our option. Each dishonored item is subject to the applicable returned check fee of \$35.00.