



## Behavioral Health and Education Specialists

### ACT Preparation Course Registration Form

#### Student Information:

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Previous ACT test scores (if applicable): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### Course Tuition: \$500.00 (Unless other discount applies)

A \$50 course deposit is required upon registering to hold your space. The deposit will be applied toward the course tuition and is refundable up to two weeks prior to the first session. The remaining balance is due one week before the first session. The deposit is non-refundable if you cancel within two weeks of the first session.

Course Session Starting Date: \_\_\_\_\_

#### If paying with credit card:

Type of card (Circle One): Visa / MasterCard / Discover/ American Express

Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

CVV2 (3 digit security code on back): \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

**Mail or Fax completed form and payment to** (make checks payable to BHES):

Behavioral Health and Education Specialists, Inc.  
24402 West Lockport Street, Suite 218  
Plainfield, IL 60544

(815) 609-1544  
(815) 609-1670 (Fax)