

Student Last Name \_\_\_\_\_ Parent Last Name \_\_\_\_\_

The Training Center  
Annual Family Agreement

Print and return this form with your non-refundable annual membership fee of \$75 per family to:

TTC  
3214 Felton Springs Dr.  
Spring, TX 77386

All students attending classes at TTC must have all 3 blanks completed.

First Name \_\_\_\_\_ Age (as of 9/1/2024) \_\_\_\_\_ Grade (as of 9/1/2024) \_\_\_\_\_

First Name \_\_\_\_\_ Age (as of 9/1/2024) \_\_\_\_\_ Grade (as of 9/1/2024) \_\_\_\_\_

First Name \_\_\_\_\_ Age (as of 9/1/2024) \_\_\_\_\_ Grade (as of 9/1/2024) \_\_\_\_\_

First Name \_\_\_\_\_ Age (as of 9/1/2024) \_\_\_\_\_ Grade (as of 9/1/2024) \_\_\_\_\_

\_\_\_\_\_ I have read the TTC Handbook. (see [ttcclasses.com](http://ttcclasses.com))

\_\_\_\_\_ I understand the rules and agree to have my children abide by them.

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Parent Phone Number \_\_\_\_\_

Primary Parent Email (All TTC communication goes here) \_\_\_\_\_

Emergency Contact and Phone Number \_\_\_\_\_

Study hall is offered for registered Jr. High and High School students of TTC who have a break in classes. If you are registering for study hall please sign up at orientation.

Please write on the back any Learning/Medical/Social/Emotional Issues we should be aware.