



**Hockinson Community Education**  
**HOCKINSON AFTER SCHOOL ADVENTURES PROGRAM REGISTRATION**  
**17912 NE 159 Street**  
**Brush Prairie, WA 98606**  
**Phone (360) 448-6480, FAX (360) 448-6409**

Date: \_\_\_\_\_

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Name used) \_\_\_\_\_

Birth Date of Child  Grade Level  Student's Teacher   
 Sex: Male  Female **Student Lives with**  Both Parents  Mother Only  Father Only  Agency  Guardian

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of other persons authorized to pick up your child:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person #1 (Other than parents) Name and phone numbers \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Person #2 (Other than parents) Name and phone number \_\_\_\_\_ Relationship \_\_\_\_\_

Days student will attend :  Monday  Tuesday  Wednesday  Thursday  Friday Fees/Invoicing:  Monthly  Hourly

Hours student will attend: \_\_\_\_\_

I am aware that Hockinson After School Program hours are 2:15 pm – 6:00 pm on school days Monday, Tuesday, Thursday, Friday and 1:15 pm – 6:00 pm on Wednesdays; and 11:15 - 6:00 pm on 3 hour early release days. I understand the Hockinson Community Education program does not provide insurance. I certify that the person participating is physically and mentally able to participate in this activity. I, intending to be legally bound, waive and release my rights and claims for damages that may accrue against any and all sponsors of this activity.

Parent/Guardian Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

**Non-Refundable Registration Fee of \$25 must accompany registration per child to hold spot**