



**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

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**