

HILLTOP ACADEMIC ENHANCEMENT PROGRAM

Student Registration Form

Student Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Grade Level (Fall 2025):** ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
- **School Currently Attending (if not HCA):** _____

Parent/Guardian Information

- **Name:** _____
 - **Phone Number:** (____) ____ - ____
 - **Email Address:** _____
 - **Home Address:** _____
-

Emergency Contact (other than parent/guardian)

- **Name:** _____
- **Relationship:** _____
- **Phone Number:** (____) ____ - ____

Academic Support Goals (Check all that apply)

- ☐ Reading Fluency
- ☐ Writing/Grammar
- ☐ Phonics
- ☐ Basic Math
- ☐ Multiplication/Division
- ☐ Algebra
- ☐ Science Concepts
- ☐ Study Skills & Note-Taking

- ☐ Critical Thinking & Essay Writing
- ☐ Confidence Building
- ☐ Other (please specify): _____

Preferred Session Times (subject to availability):

- ☐ Monday (4:30-6:30)
- ☐ Tuesday & Thursday (4:30-6:30)
- ☐ Saturday mornings (9:00-11:00)

Medical Concerns or Learning Accommodations:

Payment Plan

Tuition is based on grade level and session frequency. Monthly payment options are available.

Tuition & Session Details

- **K-2:** 2 sessions/week (15-30 min) → \$120-\$160 per month
- **Grades 3-5:** 2 sessions/week (15-30 min) → \$140-\$180 per month
- **Grades 6-8:** 2-3 sessions/week (30 min) → \$160-\$200 per month
- *Note:* Rates assume small group sessions (3-6 students). One-on-one sessions may be 25-40% higher.

☐ I understand and agree to the tuition terms.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Return completed form by emailing to
enhancement@hilltopchristianacademy.com
