**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 & Wednesday (4:30-6:30)  
☐ Tuesday & Thursday (3:30-5:30)  
☐ 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.

☐ I understand and agree to the tuition terms.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

Return completed form by emailing to **enhancement@hilltopchristianacademy.com**