

Hilliard Station**Extracurricular Activities Program****Registration Form**

Student's Name: _____ Homeroom teacher: _____

E-mail address: _____

Phone Number: _____

Course Title: _____

Fee \$ _____ Please check: Check _____ Cash _____

I have read and agree with the requirements for participation in the after school program at Hilliard Station. I will pick my student up at the designated end time of the activity. If I am late picking my student up a second time, my child will be dismissed from the activity and no refund.

Parent Signature: _____ Student Signature: _____

Return this form to your homeroom teacher.

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