

# STAR CLASS REGISTRATION

CHILD'S NAME: \_\_\_\_\_ Room # \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Home Language \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian1 Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Guardian 1 Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian2 Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Guardian 2 Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In addition to the individuals listed above, the following people have my permission to pick up my child.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PLEASE INDICATE ETHNICITY (OPTIONAL)

☐ American Indian/Alaskan Native ☐ Asian☐ Hispanic☐ Black (not of Hispanic origin)☐ White (not of Hispanic origin) ☐ Filipino☐ Pacific Islander☐ Other \_\_\_\_\_

## Classes

Class	Day	Time	Fee
Class	Day	Time	Fee
Class	Day	Time	Fee
Class	Day	Time	Fee
Class	Day	Time	Fee

STAR Registration Fee **\$10.00****Total**☐ Check here if you would like to be considered for a partial scholarship.

In case of actual emergency STAR will make every effort to contact the parents of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents, we require this medical release to be signed by all participants. I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANAESTHESIA, AND/OR SURGERY FOR MY CHILD.

CHILD'S NAME: \_\_\_\_\_

ANY KNOWN ALLERGIES? \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PH# \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS PLEASE READ THE ENROLLMENT PROCEDURE PAGE OF THIS BROCHURE CAREFULLY BEFORE REGISTERING YOUR CHILD. BY SIGNING THE APPLICATION YOU ARE ACCEPTING THESE CONDITIONS, THANK YOU.

### For STAR use only:

Date	Chk#	Amount Paid	Balance Due
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## CONSENT TO PHOTOGRAPH/VIDEOTAPE A MINOR

Minor's Name: \_\_\_\_\_

In consideration that we will not be receiving any payment,

I \_\_\_\_\_ do hereby give parties designated by S.T.A.R. Education the irrevocable right to use my child's photograph/video and name for sale and reproduction in any medium for the purpose of advertisement, trade, display, exhibition, or educational use.

I am the parent or legal guardian of the above mentioned minor and approve the foregoing and consent to the photograph/video use, subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Parent/Legal Guardian (please print name): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## CAUSE FOR REGISTRATION CANCELLATION

The STAR program reserves the right to refuse services to any child that is disruptive, as deemed by STAR, to the program. STAR also reserves the right to cancel the registration of a student when the program cannot meet the needs, as deemed by STAR, of the individual child.