



# **EARLY REGISTRATION DEADLINES:**

**Session 1 – June 1, 2017/Session 2 – July 1, 2017**

**Register in person or by fax, email or postal mail Postmark deadlines:**

## **PARTICIPANT ENROLLMENT FORM**

Participants are accepted on a first-come, first-serve basis. To insure a place in S.T.A.R. please email, fax or postal mail participants' enrollment form.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

MOTHER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT S.T.A.R. \_\_\_\_\_

## **SESSION INFORMATION**

**Please check ALL THAT APPLY:** Please check which session applies and if participant will attend extended day.

( ) Session One	( ) Session Two
<b>Date:</b> June 12, 2017 – July 7, 2017	<b>Date:</b> July 17, 2017 – August 11, 2017
<b>Time:</b> 8:00 a.m. – 5:00 p.m.	<b>Time:</b> 8:00 a.m. – 5:00 p.m.
<b>Tuition:</b> \$500.00	<b>Tuition:</b> \$500.00
<b>Registration:</b> \$50.00	<b>Registration:</b> \$50.00
<b>Extended Day:</b> \$100.00 (per week) 7:00 a.m. (early drop off) <input type="checkbox"/> 4:00 – 6:00 p.m. (extended day) <input type="checkbox"/>	<b>Extended Day:</b> \$100.00 (per week) 7:00 a.m. (early drop off) <input type="checkbox"/> 4:00 – 6:00 p.m. (extended day) <input type="checkbox"/>

## **PAYMENT INFORMATION**

Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Type: Visa \_\_\_\_ DISC \_\_\_\_ MC \_\_\_\_ Other \_\_\_\_

### **SCHOLARSHIP CATEGORY QUALIFIER:**

Foster Child Program \_\_\_\_ Boys and Girls Club \_\_\_\_ CDBG Qualified Area \_\_\_\_ Other \_\_\_\_

1959 Texas Parkway  
 Missouri City, Texas 77489  
 Phone 281-403-3200 Fax 281-403-2301  
[edisonartsfoundation@gmail.com](mailto:edisonartsfoundation@gmail.com)  
[www.Edisonartsfoundation.org](http://www.Edisonartsfoundation.org)



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**AUTHORIZED PICK-UP INFORMATION:**

Each authorized person must present proof of Identification prior to any participant being released.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ as parent /legal guardian of \_\_\_\_\_,  
give permission for the above listed individuals to pick-up my child from the S.T.A.R. Program.

( ) My child(ren) has a regular physician. In case of an emergency, please contact physician and or  
hospital listed below.

Name of Physician: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Is your child covered under any medical insurance policy? ( ) Yes ( ) No

Insurance Information: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

( ) In case of an emergency and I cannot be reached, I authorize S.T.A.R. to take my child to the nearest  
emergency facility for any treatment necessary by medical attendant(s).

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



**S.T.A.R.**

**SUMMER THEATRE ARTS REPORTORY**

**EARLY REGISTRATION DEADLINES:**

**Session 1 – June 1, 2017/Session 2 – July 1, 2017**

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**PERMISSION FOR PARTICIPATION**

( ) Yes ( ) No **I give permission** for my child to participate, be transported and supervised by S.T.A.R. staff from FBAAD to any event/activity or facility that is an activity associated with S.T.A.R.

( ) Yes ( ) No **I give permission** for my child to be photographed, and or videotaped and participate in the S.T.A.R. Program.

Does your child have any limitations or require any special provisions/accommodations? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

I acknowledge that I have received, read and will comply with S.T.A.R. policies set forth in the Participants/Parent Handbook. I will hold harmless The Edison Arts Foundation, Fort Bend Academy of Arts & Dance, The City of Missouri City, or any of its agents, employees, volunteers or representatives for any illnesses contracted or injuries sustained by my child while a student or participant at S.T.A.R.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Additional information/accommodations**

Please list any problems/needs including allergies, previous serious illnesses, injuries, disabilities, hospitalization, continuous medication, etc.

Please write N/A if none apply: \_\_\_\_\_



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**S.T.A.R.**

**SUMMER THEATRE ARTS REPORTORY**

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**BACKGROUND INFORMATION:**

**LIST ANY HOBBIES/TALENTS/INTERESTS: (example, dance, music, art, etc.)**

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**LIST EXPERIENCE IN ANY OF THE ABOVE LISTED AREAS:**

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**WHY DO YOU WANT TO PARTICIPATE IN S.T.A.R.?**

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