



Session 1: June 11-July 6, 2018/Session 2: July 16-August 10, 2018

EARLY REGISTRATION DEADLINES:

Session 1 – June 1, 2018/Session 2 – July 1, 2018

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
Date: June 11, 2018 – July 6, 2018	Date: July 16, 2018 – August 10, 2018
Time: 8:00 a.m. – 5:00 p.m.	Time: 8:00 a.m. – 5:00 p.m.
Tuition: \$500.00	Tuition: \$500.00
Registration: \$50.00	Registration: \$50.00
Extended Day: \$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"/>	Extended Day: \$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: (Proof MUST be provided)

Foster Child Program ___ Boys and Girls Club ___ CDBG Qualified Area ___ Other ___
Annual Household Income _____ Free/Reduced Lunch ___ Copy of Drivers License _____

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Missouri City, Texas 77489
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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: ____/____/____



SUMMER THEATRE ARTS REPERTORY

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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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BACKGROUND INFORMATION:

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

LIST EXPERIENCE IN ANY OF THE ABOVE LISTED AREAS:

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