



SUMMER THEATRE ARTS REPERTORY

Session 1: June 14-July 9, 2021/Session 2: July 12-August 6, 2021

**EARLY REGISTRATION DEADLINES:**

**Session 1 – June 1, 2021/Session 2 – July 1, 2021**

Register via Eventbrite, in person, email, fax, or postal mail Postmark deadlines:

**REGISTRATION & SCHOLARSHIP APPLICATION**

Scholarship participants are accepted on a first-come, first-serve basis. An email will be sent to confirm receipt of your scholarship application. Please follow up to ensure your application has been received.

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 session(s) applicable and if participant will attend extended day.

| ( ) Session One   | ( ) Session Two   |
|---|---|
| <b>Date:</b> June 14, 2021 – July 9, 2021   | <b>Date:</b> July 12, 2021 – August 6, 2021   |
| <b>Time:</b> 9:00 a.m. – 4:00 p.m.  | <b>Time:</b> 9:00 a.m. – 4:00 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)<br>8:00 a.m. (early drop off) <input type="checkbox"/><br>4:00 – 5:00 p.m. (extended day) <input type="checkbox"/> | <b>Extended Day:</b> \$100.00 (per week)<br>8:00 a.m. (early drop off) <input type="checkbox"/><br>4:00 – 5:00 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 \_\_\_  
 Free/Reduced Lunch \_\_\_ Grandparent Raising Grandchild(ren) \_\_\_ Copy of Drivers License \_\_\_  
 Annual Household Income \_\_\_ Number in Household \_\_\_ Race \_\_\_



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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: \_\_\_\_/\_\_\_\_/\_\_\_\_



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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.)**

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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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