



**Session 1: June 5 - 30, 2023/Session 2: July 10 - August 4, 2023**

**REGISTRATION DEADLINES:**

**Session 1 – May 29, 2023/Session 2 – July 3, 2023**

Register via Eventbrite, in person, email, fax, or postal mail

**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.

STAR CAMPER'S NAME: \_\_\_\_\_

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

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

**PARENT/GUARDIAN INFORMATION:**

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

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

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

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

HOW 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: Matilda the Musical	( ) Session Two: The Wiz Jr.
<b>Date:</b> June 5, 2023 – June 30, 2023	<b>Date:</b> July 10, 2022 – August 4, 2022
<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 Office notes: _____	<b>Tuition:</b> \$500.00 Office notes: _____
<b>Registration:</b> \$50.00	<b>Registration:</b> \$50.00
( ) <b>Extended Day:</b> \$100.00 (per week) 8:00 a.m. (early drop off) 4:00 – 5:00 p.m. (late pick-up)	( ) <b>Extended Day:</b> \$100.00 (per week) 8:00 a.m. (early drop off) 4:00 – 5:00 p.m. (late pick-up)

**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) \_\_\_\_\_ **Attach Copy of Drivers License**

**Annual Household Income** \_\_\_\_\_ **Number in Household** \_\_\_\_\_ **Race** \_\_\_\_\_



**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.

**EMERGENCY CONTACT INFORMATION :**

( ) 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



**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 for promotional or documentational purposes regarding the S.T.A.R. Program.

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**

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

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

Please list any health concerns or needs your camper has ( 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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