



Session 1: June 3 - 28, 2024/Session 2: July 18 - August 2, 2024

REGISTRATION DEADLINES:

Session 1 – June 3, 2024/Session 2 – July 18, 2024

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: Descendants the Musical	() Session Two: Wish Upon A Star
Date: June 3, 2023 – June 28, 2024	Date: July 18, 2024 – August 2, 2024
Time: 9:00 a.m. – 4:00 p.m.	Time: 9:00 a.m. – 4:00 p.m.
Tuition: \$500.00 Office notes: _____	Tuition: \$500.00 Office notes: _____
Registration: \$50.00	Registration: \$50.00
() Extended Day: \$100.00 (per week) 8:00 a.m. (early drop off) 4:00 – 5:00 p.m. (late pick-up)	() Extended Day: \$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: _____



CAMPER SIZES

Please select the T-shirt Size for your camper:

Child Small ___ Child Medium ___ Child Large ___ Adult S ___ Adult M ___ Adult Large ___ Adult XLarge ___

Please indicate the shoe size of your camper: _____

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.?
