	STAR NOVA REGIS	STRATION (2	016-2017)						
SCHOOL NAME:NOVA SESSION (circle one) 1 2 3 4							ST	AK	
CHILD'S NAME:			Room #	Grad	le:				Mean
Age:Birthdate:/	/ Sex: M	F Home I	Language						
Home Address:		City:		Zi	p:				
Home Phone#:									
Parent/Guardian1:			Cell#				_		
Employment:		Position:							
	C							_	
Parent/Guardian2:		Cell#	<u> </u>				_		
Employment:		Position:							
	City:Zip Code:							_	
In addition to the individuals listed	above, the following pe	ople have my p	permission to pick up m	y ch	ild.				
Name:									
Name:									
PLEASE INDICATE ETHNICITY (OP □ Black (not of Hispanic origin) □ Whi			□ Asian □ Hispar □ Pacific Islander □ Other_						
Class		— I IIIpilio				Fe	20		_
Class	Day	T	Time				; C		
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Check here if your child attends an afterschool program		*Nova P	egistration Fee	•		1	0	.0	0
and list it here please		Novan		_	Ш		<u> </u>	<u> </u>	L
			Subtotal	\$					
			Grand Total	\$					
CREDIT CARD PAYMENT OPTION:	Name on Card:		Visa		MC			<u> </u>	<u>—</u>
Credit Card #		Exp:	CVV#						
Billing Address:		horizing Signature	9:						
RELEASE OF LIABILITY I hereby agree to hold harmless STAR Inc., STAR S activities and programs. I hereby acknowledge the etake place. STAR POLICIES: PHOTOGRAPHY, VIDEO Your signature below indicates that photographs and	existence of the implied risk association of the implied risk association of the consent, BEHAVIOR AND CONSENT	ated with all programs	s for children and the areas where ORMATION	such	activii	ties a	ınd pi	rograi	
STAR Education reserves the right to dismiss stude relevant parties before any action is taken. No refun		ive to other participan	ts. In such cases a consultation w	ill be l	held w	ith al	V		
In case of actual emergency STAR will make every unable to make contact with you, the parents, we represent the parents of the	equire this medical release to be HOSPITAL SELECTED BY ST	signed by all participa	ants.						are
ANY KNOWN ALLERGIES? PHYSICIANS NAME:		PH#			_				
PARENTS SIGNATURE:		DATE:			_				
PARENTS PLEASE READ THE ENROLLMENT	PROCEDURE PAGE OF THIS		EFULLY BEFORE REGISTER	ING Y	OUR	CHI	ILD.		

FOR STAR USE ONLY (Nova Only & G4 Schools):

Amount Paid Balance Due

See your STAR Director for a scholarship application. In order to be considered you must submit this application 1 week before the session begins.

BY SIGNING THE APPLICATION YOU ARE ACCEPTING THESE CONDITIONS, THANK YOU.

Chk#

Date

