SCHOOL NAME: NOWA SESSION (circle one) 1 2 3 4  Age: Roun # Grade: Age: Age: Age: Birthdate: / Sex: M F Home Language Home Address: City: Zip: Jip: Home Phone&: Home Phone Address: Cell# Parent/Guardian1: Cell# Parent/Guardian1: Cell# Parent/Guardian2: Cell# Parent/Guardian2: Cell# Parent/Guardian2: Cell# Parent/Guardian2: Cell# Parent/Guardian2: Cell# Parent/Guardian2: City: Zip Code: Parent/Guardian2: City: Zip Code: Parent/Guardian2: City: Zip Code: In addition to the individuals listed above, the following people have my permission to pick up my child. Name: Phone Number: Phone N		STAR NOVA	REGISTRA	TION (2013-2014	.)			ST	AR	1/
Age: Birthlate: / Sex: M F Home Language Home Address: City: Zip: Zip: Home E-Mail Address: Purent/Guardian1: Cell/ Employment: Position: City: Zip Code: Parent/Guardian2: City: Zip Code: In addition to the individuals listed above, the following people have my permission to pick up my child. Name: Phone Number: Phone Nu	SCHOOL NAME:			IOVA SESSION (circle	one) 1 2 3	4				
Home Address:	CHILD'S NAME:			Ro	oom # (	Grade	:			at ac
Home Phone#   Home E-Mail Address	Age: Birthdate:	// Sex:	M F	Home Language						
Home Phone#   Home E-Mail Address	Home Address:			City:		_Zip:				
Parent/Guardian1: Position:   Position:   Position:   Zip Code:   Zip Code:   Parent/Guardian2:   Cell#   Position:   Zip Code:   Zip Code										
Address: City: Zip Code:  Parent/Guardian2: Cell#  Employment: Position:  Address: City: Zip Code:  Address: City: Zip Code:  Address: City: Zip Code:  In addition to the individuals listed above, the following people have my permission to pick up my child.  Name: Phone Number:  Name: Phone Number:  Phone Number:  Phone Number:  Phone Number:  Phone Number:  Phone Number:  Class Day Time Fee  M T W Th F S S S S S S S S S S S S S S S S S S										
Address: Cell#  Employment: Position: Position: Staff Rec. City: Zip Code: In addition to the individuals listed above, the following people have my permission to pick up my child.  Name: Phone Number: Phone Numb								_		
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In addition to the individuals listed above, the following people have my permission to pick up my child.  Name:										
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Name:  PLEASE INDICATE ETHNICITY (OPTIONAL)   American Indian/Alaskan Native   Asian     Hispanic   Black (not of Hispanic origin)   White (not of Hispanic origin)   Filipino   Pacific Islander   Other    Class   Day   Time   Fee      M T W Th F     \$	In addition to the individuals	listed above, the follow	wing people	have my permission	to pick up my	/ chil	d.			
PLEASE INDICATE ETHNICITY (OPTIONAL)   American Indian/Alaskan Native   Asian   Hispanic   Black (not of Hispanic origin)   White (not of Hispanic origin)   Filipino   Pacific Islander   Other    Class   Day   Time   Fee	Name:		Phone	Number:						
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MTWThF  MTWThF  MTWThF  MTWThF  MTWThF  S							$\overline{}$		Т	$\neg$
MTWThF  MTWThF  SUBSTITUTE  Check here if your child attends an afterschool program and list it here please  WNOVA Registration Fee Subtotal Subtotal Grand Total SUBSTITUTE  CREDIT CARD PAYMENT OPTION: Name on Card:  Credit Card #  Billing Address:  Authorizing Signature:  RELEASE OF LIABILITY  I hereby agree to hold harmless STAR Inc., STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs. I have been contact the parents of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents, we require this medical release to be signed by all participants.  I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.  ANY KNOWN ALLERGIES?  PH#  PARENTS SIGNATURE:  DATE:  PARENTS PLEASE READ THE ENROLLMENT PROCEDURE PAGE OF THIS BROCHURE CAREFULLY BEFORE REGISTERING YOUR CHILD.						<b>3</b>	$\bot$	Ш	•	_
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MTWThF    Check here if your child attends an afterschool program and list it here please   1   0   0   0		MTW.	Th F			\$	$\top$	П		
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RELEASE OF LIABILITY  I hereby agree to hold harmless STAR Inc., STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.  STAR POLICIES: PHOTOGRAPHY, VIDEO CONSENT, BEHAVIOR AND MEDICAL INFORMATION  In case of actual emergency STAR will make every effort to contact the parents of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents, we require this medical release to be signed by all participants.  I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.  ANY KNOWN ALLERGIES?  PH#  PARENTS SIGNATURE:  DATE:  PARENTS PLEASE READ THE ENROLLMENT PROCEDURE PAGE OF THIS BROCHURE CAREFULLY BEFORE REGISTERING YOUR CHILD.		TION: Name on Card	Fyn	C\/\/#		IV	10	-		
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See your STAR Director for a scholarship application. In order to be considered you must submit this application 1 week before the session begins.