

# STAR NOVA REGISTRATION (2016-2017)



SCHOOL NAME: \_\_\_\_\_ NOVA SESSION (circle one) 1 2 3 4  
 CHILD'S NAME: \_\_\_\_\_ Room # \_\_\_\_\_ Grade: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Home Language \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone#: \_\_\_\_\_ Home E-Mail Address: \_\_\_\_\_

Parent/Guardian1: \_\_\_\_\_ Cell# \_\_\_\_\_  
 Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian2: \_\_\_\_\_ Cell# \_\_\_\_\_  
 Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 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: \_\_\_\_\_

**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		\$ .
	M T W Th F		\$ .
	M T W Th F		\$ .
	M T W Th F		\$ .
	M T W Th F		\$ .

\*If your child is enrolled in our Galaxy Program, do not pay the \$10 Registration Fee.

☐ Check here if your child attends an afterschool program and list it here please \_\_\_\_\_.

<b>*Nova Registration Fee</b>	\$		1	0	.0	0
<b>Subtotal</b>	\$					
<b>Coupon Code</b>	-					
<b>Grand Total</b>	\$					

**CREDIT CARD PAYMENT OPTION:** Name on Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_  
 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 take place.

## STAR POLICIES: PHOTOGRAPHY, VIDEO CONSENT, BEHAVIOR AND MEDICAL INFORMATION

Your signature below indicates that photographs and/or film/videos taken in connection with STAR Education are used exclusively for STAR Education promotional purposes.

STAR Education reserves the right to dismiss students whose behavior proves disruptive to other participants. In such cases a consultation will be held with all relevant parties before any action is taken. No refund will be offered in such cases.

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? \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PH# \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS PLEASE READ THE ENROLLMENT PROCEDURE PAGE OF THIS BROCHURE CAREFULLY BEFORE REGISTERING YOUR CHILD.

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

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



**FOR STAR USE ONLY** (Galaxy Schools):

Date \_\_\_\_\_ Chk# \_\_\_\_\_ Amount Paid \_\_\_\_\_ Balance Due \_\_\_\_\_