

Get Your Rock Education!

Classes are held at Canyon View Elementary!

Perform Live at the House of Blues!



Classes are held in the afternoon and meet Thursdays for 13 weeks.
No experience required. Classes for all skill levels.
Classes start Thursday 2/26/15 and end 5/28/15.

For more information
www.rockstarmusiceducation.org • 619.756.1813 • rockstarsandiego@starinc.org
Register online at: <http://canyonview.starinc.org>



**RockSTAR CLASS SITE: CANYON VIEW ELEMENTARY****Session: Spring 2015**

RockSTAR Music Education is the most sought out after school rock and roll education program! In this program students turn their rock n' roll dreams into a reality. Offered year-round by STAR Education as an after-school program and summer camp, RockSTAR teaches Kindergarten through high school students how to play guitar, bass, drums, keyboards, compose their own songs, and perform classic Rock n' Roll hits. RockSTAR harnesses the cognitive, social and creative benefits of music education in a fun and exciting format. This program is for ANYONE, because no previous experience is required! We have celebrity support from Slash, Santana, Britney Spears, Taylor Dayne, DMC, Chris Slade of AC/DC, Gene Simmons, Sammy Hagar and more. Visit www.rockstarmusiceducation.org and www.joinrockstar.org for more info, pics, and videos to see what we are all about.

Note: Class limit is 7 students max. Sign up is first come first serve. This class fills up quickly so in order to reserve your spot register online at <http://canyonview.starinc.org> Fax to: (888)761-7625, or email rockstarsandiego@starinc.org.

CHILD'S NAME: _____ Room # _____ Age: _____
Grade: _____ Birthdate: ____/____/____ Sex: M ____ F ____ Home Language: _____
Home Address: _____ City: _____ Zip: _____
Home Phone#: _____ E-Mail Address: _____
Parent/Guardian1 Name: _____ Cell# _____
Guardian 1 Employment: _____ Position: _____
Address: _____ City: _____ Work Phone: _____
E-Mail Address: _____
Parent/Guardian2 Name: _____ Cell# _____
Guardian 2 Employment: _____ Position: _____
Address: _____ City: _____ Work Phone: _____
E-Mail Address: _____
In addition to the individuals listed above, the following people have my permission to pick up my child.
Name: _____ Phone Number: _____

THIS IS THE SCHEDULE FOR THE SPRING SEMESTER

First Day: 2/26/15	Last Day: 5/28/15	No Class On: Apr 9
DAY: Thursday	TIME 2:15-3:15	WEEKS: 13
		TOTAL: \$231

Register online at: <http://canyonview.starinc.org>

No half payments with Checks will be accepted unless submitted with a second post dated check for the remaining amount. Please make checks payable to:
STAR Education, 1740 La Costa Meadows Dr. Suite 141, San Marcos, CA 92078
Questions: Please contact Greg Thorndike, Regional Administrator at 619.756.1813 or at the above address

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, ANAESTHESIA, AND/OR SURGERY FOR MY CHILD.

Any known allergies? _____
Physicians name: _____ ph# _____
PARENTS SIGNATURE: _____ Date: _____

STAR PHOTOGRAPHY & VIDEO CONSENT

Occasionally STAR will use a student's photograph and/or film/video for promotional purposes of the organization. Your signature below indicates your permission to allow STAR to use your child's photograph and or film/video for promotional purposes. If you do not want STAR to use your student's photograph and/or film/video for promotional purposes of the organization please check this box. ☐

FOR STAR USE ONLY:

Date	Chk#	Amount Paid	Balance Due
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