



STAR Enrichment Registration Form

4465 Granite Dr. Suite 700 Rocklin, CA 95677 (916) 632-8417

Enrollment Form/Emergency Information for Enrichment Classes
Please mail your registration to the above address. Please make checks payable to STAR

Check One: Fall Winter Spring Summer

Student's Name: _____ Grade: _____

Home Ph#: _____ School: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Guardian #1 _____ Work# _____ Cell or Pager# _____

Guardian #2 _____ Work# _____ Cell or Pager# _____

email address: _____

CLASS ENROLLMENT:

CLASS CODE	CLASS DESCRIPTION	DAY/DATES	TIMES	TUITION
Total Amount Enclosed				\$

CONSENT TO PHOTOGRAPH:

During Enrichment Classes your child may be video taped and/or photographed. These images along with your child's name may be used for reproduction and/or sale in any medium for the purpose of advertisement, trade, display, exhibition, educational use and/or training. My child, _____ MAY / MAY NOT (circle one) be photographed or video taped while enrolled in classes.

Parent Signature: _____ Date: _____

EMERGENCY INFORMATION: If a parent or guardian cannot be reached, please contact:

Name: _____ Phone#: _____ Relation: _____

Name: _____ Phone#: _____ Relation: _____

In case of emergency, STAR will make every effort to contact the guardians of the child involved prior to any treatment being provided. However, in the event we are unable to make contact with a parent or guardian, we require this medical release to be signed.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, will hold STAR Education, it's representatives, Directors, Counselors and staff, harmless therefrom.

Existing Health Problems/Allergies: _____

BEHAVIOR POLICY: The STAR Program is being offered so that students can learn new and exciting things outside the regular classroom. In order for this to happen, behavior must be excellent and not interfere with the learning process of others. If a student does not follow the classroom rules and becomes a hindrance to others, he/she will not be allowed or participate in the class and no refunds will be given.

The undersigned hereby agrees to the foregoing and has read the above policies:

Parent/Guardian Signature: _____ Date: _____

Please mail this Registration form to: STAR Enrichment 4465 Granite Drive Suite 700 Rocklin, CA 95677