



STAR Program Registration Form

A \$25 (Non-Refundable) Fee is Required Before the Start of Each STAR Session

Today's Date _____

Child's Name _____ Birth Date _____ Age _____

Child's Address _____ Zip _____

Parent/Guardian _____ Home Phone _____ Cell _____

Parent/Guardian _____ Home Phone _____ Cell _____

School Attending _____ Current Grade _____

Does your child have an IEP or 504 Plan (Circle One)? NO YES (If yes, please provide us with a copy of the most current report)

SIGN OUT INFORMATION Safety is a top priority in the STAR Program; therefore, no child enrolled in STAR will be released from the program without a parent/guardian signature and/ or that of one of the individuals listed below. (Note: the names that appear below must be of someone 16 years or older.) No telephone calls to add names to the list will be accepted; all additions to this list must be in writing. Photo identification is required at time of sign out.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I give the above listed people permission to sign-out and take my child from the STAR program.

Parent/Guardian Signature

Date

OFFICE USE ONLY

School Year Attended _____ Fall _____ Winter _____ Spring _____