



## ROCKSTAR CLASS SITE: GOETHE INTERNATIONAL CHARTER **Session:** Spring 2014

Classes will be conducted in one of the K/1 classrooms close to the after care area to ensure that transportation time for students to and from class is minimal. There is no assigned grade levels to either class and you can freely enroll in either the early or late class. However, we do suggest that kids who are enrolled in E3 After Care choose the second (later) class and children who are not participating in E3 enroll in the earlier class. Children not enrolled in E3 can then be directly transferred from the care of their teacher to Rockstar and will have to be picked up directly at Rockstar after the class. Be sure to sign a permission slip for your teacher to release your child to Rockstar! Children enrolled in E3 will be signed in and out by the Rockstar teacher from E3, there will be no credit for the unused care time with E3 while the child attends Rockstar. Be sure to advise E3 of your child's participation in the Rockstar program and authorize the pick up by a Rockstar teacher. Please indicate on your enrollment if your child is participating in E3.

**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 fax your registration form today. Fax to: (888)761-7625 or email rockstar@starinc.org.

Make check payable to STAR Education. 10117 Jefferson Blvd, Culver City, CA 90232

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 \_\_\_\_\_

### PLEASE CHECK BOX FOR THE TIME YOU WOULD LIKE TO ENROLL IN!

**\*\*Unchecked class time registration forms will not be counted\*\***

First Day: 2/25/2014 Last Day: 5/27/14 No Classes On: 4/15/14  
(Minimum Day 3/11 Class starts @ 1pm and 2pm respectively; classes will be held in the MPR)

DAY: Tuesday TIMES: ☐ 3:15-4:15PM ☐ 4:15-5:15PM WEEKS: 13 TOTAL: \$218

PLEASE CHECK THIS BOX IF YOU WOULD LIKE TO PAY IN TWO INSTALLMENTS (ONLY CREDIT CARD PAYMENTS QUALIFY: ☐

CREDIT CARD INFO: (VISA OR MASTER CARD ONLY!)

Card Holders Name: \_\_\_\_\_ Card type \_\_\_\_\_

Card Holders Address: \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Payments can be made in two installments when using a CREDIT CARD ONLY!

No half payments with Checks will be accepted

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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# Get Your Rock Education!

**Classes are held Goethe International Charter!**

**Perform at the 9<sup>th</sup> Battle of the Bands!**



Classes are held in the afternoon and meet Tuesday for 13 weeks.  
No experience required. Classes for all skill levels.  
Classes start Tuesday 2/25/2014 and end 5/27/2014.

For more information call 310-678-7283  
or email: [rockstar@starinc.org](mailto:rockstar@starinc.org)  
[www.rockstarmusiceducation.org](http://www.rockstarmusiceducation.org)



STAR, Inc. is a 501(c)(3) non-profit organization serving kids, families, schools and communities.

