

Get Your Rock Education!

After school at Goethe International Charter School!

Perform Live on the Legendary Sunset Strip!



1st-5th grade students form a band and learn to sing, play guitar, bass, keyboards, and drums. No experience required. Classes for all skill levels.

Classes are held after school and meet on Tuesday and Wednesday for 16 weeks

Classes **begin** Tuesday, September. 20th & Wednesday, September. 21st.

Ends Tuesday, January. 31st & Wednesday, February 1st

****ALL STUDENTS ENROLLED THIS SEMESTER WILL BE PERFORMING
ON THE LEGENDARY SUNSET STRIP***

www.rockstarmusiceducation.org • 310.678.7283 • rockstar@starinc.org



You're Never too Young to Rock!

ROCKSTAR
MUSICEDUCATION.ORG



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



RockSTAR Class site: Goethe International Charter School
FALL SESSION 2011

RockSTAR Music Education is the most sought out after school rock and roll education program! In this program children 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 highschool 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. ***ALL STUDENTS ENROLLED THIS SEMESTER WILL BE PERFORMING ON THE LEGENDARY SUNSET STRIP**

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: (310)842-8280 or email rockstar@starinc.org.

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

CHILD'S NAME: _____ Room # _____ Grade: _____

Age: _____ 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: _____

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.* ☐

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)

PLEASE CIRCLE DAY AND TIME YOU WOULD LIKE TO ENROLL IN!

Day: Tuesday Times: 3:00-4:00(1st-3rd grade), 4:00-5:00(4th-5th grade)

Day: Wednesday Times: 1:00-2:00(1st-3rd grade), 3:00-4:00(4th-5th grade)

Weeks: 16 Fee: \$15 SUB TOTAL: \$240 REG Fee: \$10 TOTAL: \$250

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: _____

For STAR use only:

| Date | Chk# | Amount Paid | Balance Due |
|------|------|-------------|-------------|
|------|------|-------------|-------------|