

# Kinder Rock!

"Kinder ROCK STUDENTS WILL NOT PERFORM ON THE SUNSET STRIP IN FEBRUARY"

*After school at Goethe International Charter School!*

\*ALL STUDENTS ENROLLED THIS SEMESTER WILL LEARN THE FUNDAMENTALS OF MUSIC THROUGH ROCK AND ROLL\*



Kindergarten 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 for 10 weeks  
Classes **begin** Tuesday, October 4th

[www.rockstarmusiceducation.org](http://www.rockstarmusiceducation.org) • 310.678.7283 • [rockstar@starinc.org](mailto:rockstar@starinc.org)



*You're Never too Young to Rock!*

**ROCKSTAR**  
**MUSICAEDUCATION.ORG**



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



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](http://www.rockstarmusiceducation.org) and [www.joinrockstar.org](http://www.joinrockstar.org) for more info, pics, and videos to see what we are all about.

**Note: Class limit is 13 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](mailto: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# \_\_\_\_\_

Day: Tuesday Start Date: 10/4/2011

Times: 4:00-5:00 (Kindergarten ONLY)

Weeks: 10 Fee: \$16 SUB TOTAL: \$160 REG Fee: \$10 TOTAL: \$170

*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
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