



SUMMER 2015 ENRICHMENT PROGRAM
APPLICATION

(Please Print)

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PROGRAM DATE: June 22 – July 31, 2015

Cost: \$200.00-Need: Copy of Birth Certificate/Immunization Card/Last Report Card
Annual Membership Fee: \$75.00

Applicant's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Add: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female Male T-Shirt Size: \_\_\_\_\_

Grade of Last School Year: \_\_\_\_ Promoted to \_\_\_\_ Retained: \_\_ Attending Summer School? Yes No

Will your child participate in the Summer School Lunch Program? Yes No

What is your child's meal preference: Standard Meatless Vegetarian Vegan Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_
(Guardian)

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail Add: \_\_\_\_\_

E-mail Add: \_\_\_\_\_

Physical Add: \_\_\_\_\_

Physical Add: \_\_\_\_\_

Mailing Add: \_\_\_\_\_

Mailing Add: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

In an emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Immunization Record Current? Yes No

Has applicant been ill within the past three months? Yes No If yes, please explain:

\_\_\_\_\_

Check any current health condition that may require attention during your child's participation in Rising Stars activities:

Allergies (be specific)

Food \_\_\_\_\_

Medicines \_\_\_\_\_

Bee Sting or Insect bite \_\_\_\_\_

Other \_\_\_\_\_

Respiratory (be specific)

Asthma

Bronchitis

Pneumonia

Heart Problem(s) (be specific)

Diabetes \_\_\_\_\_ (Type) Other \_\_\_\_\_  
Mental/Physical disability (be specific) \_\_\_\_\_

List all medications and dosages your child receives on a continual basis:

Please provide any other pertinent information:

Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS ACCURATELY AND AS COMPLETELY AS POSSIBLE:

Have you ever played steel pan before? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, what is the name of the band in which you played? \_\_\_\_\_

In addition to learning to play steel pan, what else do you hope to accomplish as a member of the steel band? \_\_\_\_\_

List a few reasons why you want to become a member of the Rising Stars Steel Orchestra:

If you are selected to become a member, will you commit yourself to staying with the program until you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are selected to become a member of the steel orchestra, will you be able to participate in the following activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ Summer Camp                      Yes \_\_\_\_\_ No \_\_\_\_\_ Tutorial Enrichment Program  
Yes \_\_\_\_\_ No \_\_\_\_\_ Carnival Season

Note: Failure to participate in these activities may result in your expulsion from the program.

What do you like about school? \_\_\_\_\_

What is your current grade point average? \_\_\_\_\_

My least favorite subject(s) in school is (are): \_\_\_\_\_

My most difficult subject(s) in school is (are): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**For Office Use only**

Re. Fee Paid \_\_\_\_\_ Date: \_\_\_\_\_ Check No. \_\_\_\_\_ MO No. \_\_\_\_\_  
Rec'd By: \_\_\_\_\_



**PARENTAL CONSENT**

I. In case of an emergency, I hereby authorize the Rising Stars' Management to make all appropriate decisions that are in the best interest of my child \_\_\_\_\_.

Additionally, I hereby certify that all pertinent information concerning my child's health was provided in the application.

II. I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_ to participate in all Rising Stars Activities and events during his/her enrollment in the Rising Stars Summer Recruitment Program.

III. I, \_\_\_\_\_ hereby designate the following individuals to pick up my child from the program:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

IV. I \_\_\_\_\_ hereby give my permission for my child \_\_\_\_\_ to walk/ride bike home from the program.

V. The Rising Stars Program Staff may be videotaping and taking photographs of the children during the program. This documentation may be used in future brochures, posters or on a web page, for recruitment and/or advertisement purposes.

To ensure your privacy, we would like your permission to include your child in these photographs.

\_\_\_\_\_ My child does have permission for photographs to be used in future promotions or informational packages created by the Rising Stars Program.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian