



Year _____

SUMMER RECRUITMENT APPLICATION

(Please Print)

PROGRAM DATE: _____

Summer Fee: \$200.00-Need: Copy of Birth Certificate/Immunization Card/Last Report Card

Annual Activity 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)

Respiratory (be specific)

Food _____

Asthma

Medicines _____

Bronchitis

Bee Sting or Insect bite _____

Pneumonia

Other _____

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: _____	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> 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.

_____ My child does not have permission for photographs to be used in future promotions or informational packages created by the Rising Stars Program.

Date

Signature of Parent/Guardian