



**Beaming Stars Community Center  
Stars Fashion Program Registration Form  
beamingstars.webs.com/starsfashionprogram.htm  
beamingstarscc@ymail.com  
Office Phones: 832-380-KIDS  
Payments Options or Available!!!**

**Registration Date** \_\_\_\_\_  
**Session: 1 2 3 4**

**Gender: M F**

\_\_\_\_\_  
Last, First, MI Name

\_\_\_\_\_  
Address, Street, City, State, and Zip

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Parent Information**

Mom's Name \_\_\_\_\_ Mom's Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mom's Email \_\_\_\_\_ Mom's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dad's Email \_\_\_\_\_ Dad's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

**Other Guardian Information**

Guardian's Name \_\_\_\_\_ Guardian's Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Email \_\_\_\_\_ Guardian's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical & Dental Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Physician Name & Phone Number

Medical Issues? Yes/ No Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marketing/Promotion Release Authorization**

I (parent), \_\_\_\_\_ consent and authorize Beaming Stars Community Center to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Beaming Stars Community Center and Stars Fashion Program. No compensation will be paid to the student or parents /or legal guardians.

**Emergencies**

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give my permission to the physician selected by Beaming Stars Community Center's Representative will hospitalize and secure medical treatment for my child. The person enrolling at the Beaming Stars Community Center's Stars Fashion Program is his/her parent(s) and/or legal guardian(s) assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental to the dangers associated with fashion program activities and agree that there are certain inherent dangers related to fashion program participation and therefore, agree to hold Beaming Stars Community Center and its employees harmless and specifically agree not to make any claim against Beaming Stars Community Center or its Stars Fashion Program for any of these injuries which would normally be considered to be a normal risk associated with participation in a fashion program's activities.

X \_\_\_\_\_ Date \_\_\_\_\_

**Registrar's Use Only**

Registration Fee: \$40 If a participant notifies Beaming Stars Community Center in writing received on or before January 26, 2013 that the participant will be unable to attend the session, Beaming Stars Community Center will not refund the registration fee minus \$55.00 a week student attended Stars Fashion Program . Otherwise, FEES ARE NON-REFUNDABLE, but are TRANSFERABLE TO NEXT SESSION OR DIFFERENT PROGRAM is acceptable.

Cash \_\_\_\_\_ Amount \_\_\_\_\_ Money Order \_\_\_\_\_ Amount \_\_\_\_\_ Credit Card \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Balance \_\_\_\_\_  
Due \_\_\_\_\_

Please make money orders payable to: Beaming Stars Community Center

\_\_\_\_\_