









S.T.A.R.S.



A non-profit community youth organization serving Howard Beach, Ozone Park and the surrounding community.

Contract

ArtVenture Craft Work Future Ch	es kshop efs	Care 4 K Crea Sports Pre	ids tive Writir ogram	orinting the information. Cheerleading ng Dance Club Star Bright Other:		
The following is a between S.T.A.R		•	2015 – May	June 2015		
Child's Full Name						
Child's Nick-Name:		Child	s Date of Birt	h:// Month Day Year		
Home Address:						
Child resides with:	-	Fathe		•		
Mother's/Legal Gua	<u> </u>					
Full Name: First Na	me		Maiden Name	Last Name		
Home Number:			Work Numb	er:		
Mobile Phone Numb	oer:		Ema	il Address:		
Occupation:						
Father's/Legal Guar	rdian's Info:					
First Na	me	Middle/	Maiden Name	Last Name		
Home Number:			Work Number:			

Mobile Phone Number:	Email Address:
Occupation:	
How did you learn about this program?	? (Please be specific)
Developmental Background	
Does child have any special problems/f	/fears?
What type of child's behavior is most di	difficult to deal with?
	set?
Child's favorite activities:	
	ests or abilities? (If yes, please explain)
Have you applied for this child before?)
Name of present school (If applicable):	:
Street Address:	
	State: Zip:
Any comments or special instructions:	
signing this contract my child is registered May/June. I understand that space in the pobligated to pay for the spot my child is occur.	delines and regulations of S.T.A.R.S. I understand that by it to attend the above program until it is completed in program is limited and by signing this contract I am occupying whether or not my child attends the program or not noney paid for the program in non-refundable and I am ey owed.
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
To be filled out by staff.	
Application Complete Deposit Session: 1st : WIN	
369910H. I	NTER 2 nd : FALL 12/01/14











A non-profit community youth organization serving Howard Beach, Ozone Park and the surrounding community.

Payment Agreement

This Payment Agreement is in conjunction with the Contract.

Please complete the following by neatly typing/printing the information.

I, _____, the parent/guardian of _____, agree to pay: ArtVentures: \$498 for all 16 sessions OR \$249.50 for 8 sessions ____ Care 4 Kids: \$75 for the entire 2 sessions ____ Cheerleading: \$299 for a 5 month session ___ Craft Workshop: ___ \$40 for 4 sessions OR ___ \$12 per class ____ Creative Writing: \$299 for 15 week session ____ Dance Club: \$299 for a 5 month session ____ Future Chefs: \$299 for a 15 week session ___ Sports Program: \$5 per week ____ Star Bright: \$285 for 10 week session Test Prep: \$235 for 10 week session Music/Vocal Club: \$99 for a 15 week session ____ Other: _____ Please check only one. ___ Payments are to be made by cash, check, or money order Payment to be charged to my credit card: Name on card: _____ Street address: _____ Expiration Date: _____

If you prefer to make monthly payments, we can arrange a payment plan. Please contact the office at 718-845-6956 to do so.