

**Stars School Initiatives**  
**4815 LaRoche Avenue**  
[starsschoolinitiatives@gmail.com](mailto:starsschoolinitiatives@gmail.com)  
[www.starsschoolinitiatives.com](http://www.starsschoolinitiatives.com)  
**Growing Into Manhood Programs**

**Admission Form**

**PARTICIPANT INFORMATION**

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
School: \_\_\_\_\_

Grade for year 2025-2026 \_\_\_\_\_ Discipline Issues \_\_\_\_\_

Home address: \_\_\_\_\_

City: Savannah State/Province: GA Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

 Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Persons Authorized to pick up child: \_\_\_\_\_ (Please provide a copy of their ID)

Other Dismissal

Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Lunch:** Students must bring their lunch. Your son's lunch should be clearly marked with your child's first name and last name. Glass bottles/containers are not allowed.

**Payments: Fees may be paid by cash app.(\$starcharterschool), Zelle (g.robinson328@gmail.com) or by check.**

Make the check payable to: **Stars School Initiatives**

**6 Weeks Summer Program:** Sessions are Mondays-Thursdays—9 a.m.-2:45 pm (Pickup by 3 p.m.) (Students may arrive at 8:45 a.m.). **Saturday Exploratory Experiences** as announced, January to May

- **Registration fee:** \$25 and is non-refundable
- **Camp Fee:** \$510/year or \$85/week for six weeks summer program
- **Additional fees may be required for field trips**

**Contact Information**

For more information, contact Dr. Gertrude Robinson, Director at

Email: [starsschoolinitiatives@gmail.com](mailto:starsschoolinitiatives@gmail.com)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 8:45 a.m.

Pick up time:

- 2:45 P.M. A \$1 fee will be charged for every minute late after a 15 minute courtesy wait.

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **Stars School Initiatives**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (student's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Stars School Initiatives**, including but not limited to all arts and craft, tumbling, and dance training, baseball, basketball, soccer and or sports and physical activities. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Stars School Initiatives, its employee and its staff** from liability to the above-named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **Stars School Initiatives**, including any event sponsored or sanctioned by **Stars School Initiatives**, and or travel to and from such activities.

I understand that **Stars School Initiatives** have the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the program, etc.) or becomes involved in any activity or with any persons not associated with **Stars School Initiatives**, or its scheduled program and that **Stars School Initiatives**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statements and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_