

# ★ Starchanger Kids Enrollment

Changing the stars for every student we serve.

## Student Information

Legal First Name \*

Legal Last Name \*

Preferred Name / Nickname

Date of Birth

Current Grade Level

Primary Language Spoken at Home

School Currently Attending

## Primary Parent / Guardian

Full Name \*

Relationship to Student

Cell Phone

Email Address

Home Address

## Secondary Parent / Guardian

Full Name

Relationship to Student

Cell Phone

Email Address

## Emergency Contacts

Contact 1 — Name, Relationship, Phone

Contact 2 — Name, Relationship, Phone

Contact 3 — Name, Relationship, Phone

## Learning Pod Package Selection

Select Package

## Academic Information

Current Academic Strengths

Areas of Academic Challenge

Learning Style Preferences

Diagnoses

IEP / 504 / Psychoeducational Evaluations

#### Additional Support Information

### Health Information

#### Known Allergies

#### Current Medications

#### Medical Conditions

#### Physical Limitations

#### Physician / Pediatrician Name

#### Physician Phone Number

#### Preferred Hospital

### Step Up For Students Scholarship

#### Scholarship Recipient?

#### Scholarship Type

### Authorized Pick-Up Individuals

#### Person 1 — Name, Relationship, Phone, Photo ID Required

Person 2 — Name, Relationship, Phone, Photo ID Required

Person 3 — Name, Relationship, Phone, Photo ID Required

Person 4 — Name, Relationship, Phone, Photo ID Required

## Custody & Legal Restrictions

Describe Any Custody Orders or Legal Restrictions

## Emergency Medical Authorization

- ☐ I authorize Starchanger Kids staff to call 911 in an emergency.
- ☐ I authorize trained staff to provide basic first aid.
- ☐ I authorize emergency medical treatment if I cannot be reached.
- ☐ I authorize emergency transportation to the nearest facility.
- ☐ I understand Starchanger Kids does not administer prescription medications.

## Security Camera & Recording Agreement

- ☐ I understand that audio and video recording is active on the premises.
- ☐ I consent to my child and myself being recorded while on the premises.
- ☐ I understand recordings are the property of Starchanger Studios LLC.
- ☐ I understand recordings may be released only as required by law.

## Photography & Media Consent

- ☐ Internal Documentation Only photos/video for internal records only.
- ☐ Marketing & Social Media photos/video may be used in promotional materials.

☐ No Photography or Video Consent — do not photograph or record my child.

## Student Behavior Contract

- ☐ I have reviewed the Student Behavior Contract with my child.
- ☐ My child agrees to follow all behavior expectations at Starchanger Kids.

## Family Handbook Acknowledgments

- ☐ I have received and read the Starchanger Kids Family Handbook.
- ☐ I understand Starchanger Kids is a tutoring center, not a daycare or school.
- ☐ I understand learning sessions are held Monday–Thursday, 8:30–11:30 AM.
- ☐ I understand the block-purchase model and how sessions are reserved.
- ☐ I understand reservations must be made at least 48 hours in advance.
- ☐ I understand blocks expire 45 days from the date of purchase.
- ☐ I understand packages are non-transferable and non-refundable.
- ☐ I understand all sales are final.
- ☐ I understand the Renaissance Learning assessment fee.
- ☐ I understand the attendance and cancellation policies.
- ☐ I have completed the Emergency Medical Authorization section of this form.
- ☐ I have completed the Authorized Pick-Up section of this form.

## Parent / Guardian Commitment

- ☐ I agree to actively support behavior expectations at home and at the center.
- ☐ I agree to respond promptly to all communications from Starchanger Kids staff.
- ☐ I agree to abide by all Starchanger Kids policies as outlined in the Family Handbook.

## Electronic Signature

Parent / Guardian Printed Name \*

Date \*

**Print, sign, and email to: [hello@starchangerkids.com](mailto:hello@starchangerkids.com)**

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