

RISING STAR STUDIOS OF KENTUCKY, INC.

Application For: (Student's Name) _____

[] Membership (\$60.00 per year) Payment Enclosed \$ _____

I. MEMBERSHIP AND ADMISSION CRITERIA

The student must meet the following admission criteria:

1. Student must have a diagnosis of autism spectrum disorder or a related communication handicap.
2. Student must be at least 5 years of age. Preference will be given to students between the ages of 5 & 18.
3. Student's behaviors must be manageable within the supervision of the studio's faculty and staff. Students may be interviewed and may be asked to go through a trial orientation session prior to admission. Students with severe behavioral problems which cannot be managed by the studio's faculty may be excluded from admission at the discretion of Rising Star.
4. Students must be exempt from any serious or contagious diseases and any other health care needs which may pose a problem for the studio's faculty and staff.
5. Students must be accompanied by a responsible adult who will remain on the premises with the student at all times.

It is the policy of Rising Star to give equal consideration to all appropriate applicants. Decisions regarding admission will be made in the discretion of Rising Star Studio's Board, faculty, and staff.

II. MEMBERSHIP APPLICATION

Student Information:

Student's Name _____

Student's Birth Date _____ Student's Age _____

Student's Gender: Male ___ Female ___

First Time Student is Applying to Attend Classes at Rising Star: Yes ___ No ___

If No, Last Class Attended and Dates? _____

Contact Information:

Person to Whom Studio Class and Membership Information Should Be Sent:

Name _____
Street Address _____
City _____ State _____ Zip _____ County _____
Telephone: Home _____ Work _____ Cell _____
E-Mail Address _____

Student Information:

Primary Disability (Must have at least one to be eligible for membership and admission)

Autism Spectrum Disorder Asperger's Syndrome
 Communication Handicap Other _____

Does Student Have Special Health Care Needs: Yes No

If Yes, please explain:

Please indicate your child's abilities in each of the following areas:

Complete Assistance Partial Assistance No Assistance Comments:

Toileting 1 2 3 4 5 _____
Eating 1 2 3 4 5 _____
Drinking 1 2 3 4 5 _____
Dressing 1 2 3 4 5 _____

Student's Activity/Attention Level: (Check all that apply)

Has typical attention span for age Very short attention span for age
 Less active, needs motivation Overactive
 Requires constant one-to-one supervision at all times

Student's Level of Communication: (Check all that apply)

My child communicates with others using primarily:

Complete Sentence 2-3 Word Phrases One Word Phrases
 Gestures Sign Language Pictures/Symbols

I communicate with my child using primarily:

Complete Sentence 2-3 Word Phrases One Word Phrases
 Gestures Sign Language Pictures/Symbols

Student's Behaviors: (Check all that apply)

Scratches, hits or punches self Scratches, hits or pinches others
 Destroys/Damages things Touches self inappropriately
 Touches others inappropriately Climbs furniture or other things
 Dumps liquids, drinks, etc. Eats/Chews on inappropriate things
 Grabs others Throws things Runs away Hides
 Other (Describe) _____

Things that Student dislikes, fears or finds upsetting: (Please list all) _____

Things that Student likes and finds reinforcing and comforting: (Please list all) _____

Student interacts better with: ___ Male Staff ___ Female Staff ___ No Preference

Please explain any other information or details concerning your child which you feel that the studio faculty and staff should know about your child prior to admission.

Signatures:

I have read the "Membership and Admission Criteria", and agree to abide by the same. I agree to submit to an interview and a trial orientation session prior to admission.

Student Signature

Date

Print Name

Parent Signature

Date

Print Name

RIISING STAR ART STUDIOS OF KENTUCKY, INC.
PARENTAL CONSENT AND WAIVER OF LIABILITY

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Home Address _____

Home Telephone _____ Business Telephone _____

I, _____, grant permission for my child, _____, to participate in Rising Star Art Studio activities, and agree that a parent or another designated adult will remain on the premises at all times my child is there.

In consideration of my child's participation in Rising Star Art Studio activities, and on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever Rising Star Studios of Kentucky, Inc. ("Rising Star Studios"), Saving Grace Productions, Inc. ("Saving Grace"), and their respective officers, directors, employees, agents and chaperones, from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my child's participation in these activities.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child while participating in a Studio Activity. I agree on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, to hold harmless and defend Rising Star Studios and Saving Grace, their respective officers, directors, employees, agents, and chaperones from any claim or damages to any person or property, arising from or in connection with my child's participation in the school or in connection with any illness or injury or the cost of medical treatment of my child, and I agree to compensate Rising Star and Saving Grace, their respective officers, directors, employees, agents, and chaperones for reasonable attorney's fees and expenses arising in connection therewith.

I agree that my child will cooperate with the faculty, volunteers, and staff of Rising Star Studios, and that Rising Star Studios will not be liable if my child fails to obey such persons while participating in a Studio activity, and, further, I agree that infractions of rules by myself or my child may result in termination of my child's participation.

Parent/Guardian Signature _____ Date _____

Child's Signature _____ Date _____

RISING STAR ART STUDIOS OF KENTUCKY, INC.
Photo Release

As the parent or guardian of _____, I hereby consent to and authorize the use and reproduction by Rising Star Studios of any and all photographs and any other audio-visual materials taken of _____ for promotional materials, educational activities, exhibitions or for any other use for the benefit of Rising Star Studios or Autism Spectrum Disorder Network.

Parent or Guardian _____ Date _____