

# **RISEING STAR STUDIOS OF KENTUCKY, INC.**

**Date:** \_\_\_\_\_

**Application For:** (Student's Name) \_\_\_\_\_

## **I. 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 7 years of age. Preference will be given to students between the ages of 7 & 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. PERSONAL INFORMATION**

### **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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Additional Student Information:**

Primary Disability (Must have at least one to be eligible for membership and/or class 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.

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**Signatures:**

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

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Student Signature

Date

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Print Name

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Parent Signature

Date

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Print Name

**RISING 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 \_\_\_\_\_ Other 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 \_\_\_\_\_