

ARTS ALIVE! at mount of olives church **PRESENTS...**



STAR P.A.K.
PERFORMING ARTS KIDS
Christian Musical Theatre

Sessions Begin: **February 25, 2010**
Spring Registration Closes: **March 11, 2010**

Directors: Kathleen Chapman & Nancy Matossian

***STAR P.A.K. – K – 4TH GRADE**
Thursdays 3:30 – 4:30 pm
PERFORMANCE June 3 – TUITION \$180
Please contact Jane at ARTS ALIVE!
(949) 837- 7467 ext.208 or jfrost@moochurch.org for more information

mount of olives church, 24772 chrisanta dr., mission viejo, ca 92691



student's name _____ age _____

parent's name(s) _____

phone _____ cell/emergency phone _____

email address _____

****the majority of program communication is done via email,
please be sure to give an email that will be checked regularly.**

does your child have any special needs or allergies that we should be aware of? **yes** or **no**

if yes, please specify _____

spring session – feb 25, 2010 – june 3, 2010.....\$180.00
(no classes on april 8)

check _____ check # _____ cash _____ credit card/intenet registration _____

www.moochurch.org

i would like to be a parent volunteer _____

please fill out release form on reverse side

please make checks payable to mt. of olives and write STAR PAK in the memo
mail or bring registration and checks to mt. of olives business office
(across the street from the church in the ROCK building)

mt. of olives church- attn: **ARTS ALIVE!**
24851 chrisanta dr.
mission viejo, ca 92691

you may also register online and pay with a credit card/checking account
at www.moochurch.org
(go to the home page and click on online registrations)

Release Form - Photographs and videos may be taken during Arts Alive / STAR PAK and may be used for educational or publicity purposes. I give permission for my child's photograph to be used for such purposes by Mount of Olives.

___yes ___no

Signature of parent or guardian

Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medical Practice Act or of a dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This consent shall remain in effect until June 3, 2010. List any restrictions.

Signature of parent or guardian