STARS program registration indicates a family’s interest in continuing or initiating services with the STARS program at the Center for the Visually Impaired. Our teaching year begins July 1, 2019 and ends June 30, 2020. The 2019-2020 STARS Summer Enrichment program activities taking place in July 2020 will be considered part of the 2019-20 school year.

Families must update their information and pay a $100 registration fee every year to receive services from STARS. The registration fee provides a year of access to:

- The STARS e-newsletter
- Invitations to family events and parties
- Invitations to outings

Please note:

- Families must complete annual registration to be eligible for the After School Enrichment and Summer Enrichment programs.

Completed registration forms and fees can be sent via either:

Mail:  
Center for the Visually Impaired  
STARS Program  
739 West Peachtree Street NW  
Atlanta, GA, 30308

Fax:  
404.602.4332

Email:  
khawkins@cviga.org

If you have any questions or concerns, please call or email STARS Program Manager Shelby Ball at 404.602.4336 or sball@cviga.org.
School / Education Information

Student Name: ___________________________ DOB: ________________

Last First preferred name

Student Gender_________________________ Ethnicity/Race____________________________

School: __________________________________________

County: ___________________ Grade: _______________

Diploma Track:

☐ Regular Diploma ☐ IEP Diploma ☐ Other ______________________________

Does the student have an IEP? ☐ Yes ☐ No Does the student have a 504? ☐ Yes ☐ No

Has the student graduated high school? ☐ Yes ☐ No

What are the student’s post high school plans? ______________________________

Licensing

STARS (Social, Therapeutic, Academic and Recreational Services) is an educational, recreational, and social skills program for youth ages 5-21 who are blind or visually impaired. STARS Weekend Activities include age-specific weekend events such as indoor and outdoor recreational activities, cultural field trips, social gatherings, service projects and overnight retreats.

I hereby acknowledge that I have been advised and understand that the STARS Activities program my child is participating in at the Center for the Visually Impaired is neither licensed nor required to be licensed by the Georgia Department of Early Care and Learning.

______________________________________ (Signature of Parent/Guardian)  ______________ (Date)
AUTHORIZATION
TO RELEASE INFORMATION

Child’s Name ____________________________________________

Date of Birth ____________________________________________

Eye Doctor and Location of Office

<table>
<thead>
<tr>
<th>Eye Doctor Name</th>
<th>Office &amp; Location</th>
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Teacher of the Visually Impaired and Contact Info

<table>
<thead>
<tr>
<th>Teacher Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
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I hereby agree and consent for any agency that has information of a medical, social, educational or psychological nature concerning my child’s condition to release this information to the Center for the Visually Impaired (CVI). I also agree and consent for CVI to, in turn, release information concerning my child that is of a medical, social, educational and/or psychological nature as needed by other cooperating agencies. Material released may or may not contain information related to infectious disease status. All information will be used only by professional persons for the purpose of aiding my child’s education.

I give my permission for the Center for the Visually Impaired to assess my child for program eligibility using assessment instruments appropriate for a child with visual impairment.

Print Parent/Guardian Name ____________________________________________

Parent/Guardian Signature ____________________________________________

Date ______________________

Witness ____________________________________________
Registration Fee: STARS Annual Program Registration (SSE 2020)

All families in the STARS program are expected to financially support their participation in the program. The Center for the Visually Impaired is the only comprehensive, accredited, non-profit agency in the state of Georgia that provides comprehensive services to those impacted by vision loss across the entire life span. All fees obtained from families go directly into our programming and services.

The registration fee provides a year of access to:

- The STARS e-newsletter
- Invitations to family events and parties
- Invitations to outings

Families must complete annual registration to be eligible for the After School Enrichment and Summer Enrichment programs.

Student’s Name: ________________________________________________________________

Please select one of the following payment options:

☐ A one-time payment of $100.

☐ Four monthly payments of $25 to equal a total of $100. This option is available by credit card only.

Credit cards will be charged the first Wednesday of each month, March through June 2020.

Method of Payment:

☐ Cash
☐ Check made out to CVI with “STARS Registration” in the memo section
☐ Credit Card: Visa / MC / AMEX / Discover

Credit Card Number ____________________________________________________________

Expiration Month _______ Year _______

Name as it appears on card ______________________________________________________

Signature _______________________________________________________________