# CHECKLIST OF ITEMS ARE NEEDED TO COMPLETE YOUR FOLDER EMAIL ALL DOCUMENTS TO: STUDIOKIDSMANAGEMENT@GMAIL.COM



#### EMAIL ALL THESE SKM DOCUMENTS BACK TO STUDIO KIDS TO COMPLETE YOUR SKM FOLDER

- □ NEED-CLIENT INFORMATION SHEET (2 PAGES)
- □ NEED-Studio Kids AGREEMENT (Signed & Dated in Section 1 & 2) (2 PAGES) SIGNED & DATED
- □ NEED-CHECK AUTHORIZTION SHEET/Change of Address (1 PAGE) SIGNED & DATED
- □ NEED-SKILLS & TALENT SHEET (1 PAGE)
- □ NEED-Copy of child's current Entertainment Work Permit
- □ NEED-<u>ONE-4×6 color PHOTO</u> of your **EACH** child in front of a white background **(waist high) SMILING** NO school photos are acceptable! No hats.
- □ NEED-ONE 4x6 color PHOTO of your twins/triplets together.
- □ NEED-Current copy (not faxed) <u>SAG / AFTRA Member Card</u> w/expiration date
- □ TEMPORARY POSTPONED/PROCEDURE Go to POSTAL STOP in La Mirada to Fill Out 19's MUST bring minor & original documents.

#### ALSO NEED COPIES OF 19 DOCUMENTS BELOW:

BELOW is a list of documents needed for the office of STUDIO KIDS ONLY so we can hold in your minor's folder. These are kept for the other casting departments outside of Central Casting. We only need copies at Studio Kids:

□ NEED-Passport (Copy) - IF you have Passport

#### OR (if you don't have a Passport will need:

- □ NEED-ONE Item (need copy of one)
  - -CA Drivers license
  - -CA DMV Id Card
  - -School Id w/photo
  - -Report card
  - -Immunization record

#### AND

- □ NEED-ONE Item (need copy of one)
  - -Birth Certificate

OR

-Social Security Card/Number (w/need number the night b4 hire date for payroll)

Please remember to update us with any new information about your child (by mail or by fax). For example: braces, major hair changes, eyewear, growth spurts, union status, broken body parts (when the cast will be removed), vacations and schooling (off track schedules). Always fax or mail your NEW UPDATED work permits (even if we haven't called in awhile...we will).

## STUDIO KIDS Management

15068 Rosecrans Avenue #198, La Mirada, CA 90638 Main Office (562) 902-9838 - Fax (562) 902-0498 TEXTING ONLY: (562) 444-8712

> Email: <u>Studiokidsmanagement@gmail.com</u> Payroll: <u>Payroll.studiokids@gmail.com</u>

Available: Available.studiokids@gmail.com Website: www.Studiokidsmanagement.com





# STUDIO KIDS Management - CLIENT INFORMATION SHEET (Please fill out all that applies)

CLIENI NAME:		<del> </del>
FIRST	MIDDLE	LAST
MALE or FEMALE	SOCIAL SECURITY #:	<del> </del>
DATE OF BIRTH:	AGE: WORK PERMIT	F? YES/NO EXPIRES:
1.MOM/GUARDIAN NAME:	2. DAD/GUARDI	AN NAME:
	2. HOME #:	
1.WORK #	2. WORK #:	<del></del>
1.CELL #	2. CELL #:	<del></del>
1. EMAIL ADDRESS:		
CLIENT CELL #:		
CLIENT EMAIL:		<del></del>
HOME ADDRESS:		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (if differe	:nt):	<del></del>
CITY:	STATE:	ZIP CODE:
ETHNICITY:		
African-American - Biracial	- Black - Caucasian - Chines	se - East Indian -
Filipino - Hawaiian - Hispa	anic - Indonesian - Japanese -	Korean - Middle Eastern -
Native American - Pacific Is	slander - Thai - Vietnamese	
Other:		
HAIR COLOR:E	EYE COLOR: WEIGHT	Γ: HEIGHT:
BIRTH ORDER: INDIVIDUA	AL - TWIN - TRIPLET	- QUADRUPLET
MULTIPLES: IDENTICAL -	FRATERNAL - GIRL/GIRL -	GIRL/BOY - BOY/BOY
	LE ONE: PUBLIC PRIVAT	



CLIENT NAM	NE:

# **CLOTHING SIZES:**

<u>GIRLS</u>		<u>BOYS</u>				
SHIRT:		SHIRT:				
PANT:	· · · · · · · · · · · · · · · · · · ·	PANT:				
WAIST:		WAIST:				
DRESS:		INSEAM:				
INSEAM:		NECK:				
BRA:						
SH0E:		GLASSES:				
GLASSES:		BRACES:				
BR <i>AC</i> ES:		PIERCINGS:				
PIERCINGS:		HEAD: HIP:				
HEAD: HIP:						
CHEST:		ARM:				
ARM: JACKET:		_ J <i>AC</i> KET:				
UNION STATUS (circle one): NON	N-UNION	or SAG/AFTRA MEMBER (UNION)				
UNION MEMBER #		EXP. DATE:				
Did you go to <b>POSTAL STOP in La Mi</b>	<u>rada</u> to fill	out I9's? YES or NO: DATE:				
Do you have an I9 with any other ca	sting comp	any? YES or NO = Where?				
GETTING TO KNOW YOU: What is your availability? Are there any subject matters sensitive to yo	ur family tha	t you may <i>not</i> prefer your child to be in?				
Are you currently signed with a Talent Agent of YES, Who?	or another Ex	tra's Management Company? We do not mind that you are!				
Do you have a Resume?  Would you like to join any unions?  YES	or NO	Headshots/Zed Cards: YES or NO				
Do you have any UNION voucher's? <b>YES</b> What is the name of the friend or acq	or NO uaintance t	How many do you need to become eligible?# hat referred you to SKM? Family or Friend?				

STUDIO KIDS Management - 15068 Rosecrans Avenue #198, La Mirada, CA 90638 Office (562) 902-9838 / Fax (562) 902-0498 / Texting # (562) 444-8712

Email: <u>Studiokidsmanagement@gmail.com</u> ~ <u>www.studiokidsmanagement.com</u>

SKM PACKET (RETURN)

CIS-2\_\_\_\_\_1/23 †



I, Parent/Guardian

# **STUDIO KIDS Management**

# 15068 Rosecrans Avenue #198, La Mirada, CA 90638

Office: (562) 902-9838 - Texting: (562) 444-8712 - Fax: (562) 902-0498

\_\_\_\_\_\_, acknowledge this Agreement made

Email: <u>Studiokidsmanagement@gmail.com</u> / <u>www.studiokidsmanage</u>ment.com

TALENT LISTING MANAGEMENT AGREEMEN
------------------------------------

(Full Name of Parent/Guardian)

betwee	en Studio Kids Management and		half of my "Minor-
	(Parent / Guar	dian)	
Client/	'Artist",	, DOB	, and hereby
	(Full Name of "Minor-Client/Artist")		
retain S	Studio Kids Management to be his/her Talent Manager/Talen	nt Listing Service on this DATE:	
	I, hereby retain Studio Kids Management to act as manag	er from the date of this Agreement, and I ag	ree to perform as and
	when requested by you. I agree to devote my full time an	d effort, under the direction of Studio Kids	Management toward the
	development of my "Minor-Client/Artist".		-
	STUDIO KIDS MANAGEMENT IS A "CALL-IN" SERVICE		
	FOR AN AUDITION/INTERVIEW OR EMPLOYMENT OPE		
	PRODUCTION COMPANIES. PER LABOR CODE 1701g, I' TALENT AGENCY CONTRACT. ONLY A TALENT AGEN		
	CODE MAY ENGAGE IN THE OCCUPATION OF PROCUF		
	EMPLOYMENT OR ENGAGEMENTS FOR AN ARTIST. S		
	OFFERING OR ATTEMPTING TO OBTAIN AUDITIONS O	R EMPLOYMENT FOR YOU. FOR MORE I	NFORMATION,
	CONSULT CHAPTER 4.5 (COMMENCING WITH SECTION		
	DISPUTE ARISING OUT OF THE PERFORMANCE OF THE		
	TO THE SATISFACTION OF THE ARTIST SHOULD BE RI LOCAL LAW ENFORCEMENT, AS APPROPRIATE.	EFERRED TO LOCAL CONSUMER AFFAIR	S DEPARTMENT OR
	I agree to pay Studio Kids Management, as when monies	are received by the "Minor-Client/Artist" a	nd/or "Parent/Guardian".
	and during and throughout the term this Agreement, to red		ira or Tarona Saararan,
	equal to twenty percent (20%) of any and all gross monies	<u>C</u>	nent. Let it be said that it
	may be necessary for Studio Kids Management to collect		
	deposited, any and all checks payable to the minor for Stu	idio Kids Management's service, and retain	there from all sums
	owing to Studio Kids, and discharge any and all checks to		
	I agree to pay Studio Kids Management within thirty (30)		
	will send a copy of each check stub to process and all che		
	Let it be known that Studio Kids Management does not ac		itside services regarding
	compensation. Commission payments only comes from the		1 1.
	I agree that should the said "Minor-Client/Artist", at the d		
	principal talent, it is the said, "Parent/Guardian's", respon		
	and/or such future contracts. In the event the client may n talent agency to the job for any and all possible negotiation		
	responsibility to pay their legal standard commission and		-
	be said that should such situation occur Studio Kids Mana		
	percent (20%) on all gross monies. All commissions are		•
	including all subsequently earned residuals, which may ac		
	payable to Studio Kids Management.	2	,
	I agree that if any guardian/parent receive work on behalf	of Studio Kids Management a ten (10%) co	ommission will be due
	from gross amount.	<u>-</u>	
	In the event "Minor-Client/Artist" cancels or does not sho		
	commission will be billed to the "Minor-Client/Artist". I	•	,
	I agree to send a mandatory current color photo of the "M	linor-Client/Artist" in front of a white backs	ground every six (6)

Client# SKM PACKET (RETURN) PAGE 1 OF 2 Agreement

Studio Kids Management to consider my "Minor-Client/Artist" active.

It is my responsibility to obtain an Entertainment Work Permit every six (6) months through the State of California Division of Labor Standard Enforcement office in order for the "Minor-Client/Artist", and a Xerox copy is needed in the office of



## TALENT LISTING MANAGEMENT AGREEMENT



- □ It is my responsibility to obtain a Minor Coogan Blocked Trust Account per Labor Code 1308.9 within seven (7) business days after a minor's employment contract is signed if they become a Principal actor, and to provide the minor's employer with a copy of a trustee's statement (evidencing proof of the account) within ten (10) business days after the start of employment. I understand background minors do not need to obtain a Coogan Trust Account as of 1/1/2014.
- ☐ It is understood that Studio Kids Management is working in the entertainment industry covering, but not limited to, movies, television, commercials, print-work and modeling.
- I accept that since the nature and extent of the success or failure of my "Minor-Client/Artist" career cannot be predetermined the failure or success is not Studio Kids Management's responsibility. This agreement is a formal binding agreement, can be dissolved at any time by either party, if either party so deems.

DATE		
CITY/STATE	ZIP	
	DOB:	
"Minor-Client/Artist" Name)		
ht to Cancel -Effective date:		
nys from the above date or the date or purposes of this section, business day emission a signed and dated copy of the gement at 15068 Rosecrans Avenue above last cancel date. There will be		
	DATE	
	DOB:	
Client/Artist" Name)		
······	***************************************	
<u>f</u> you are 'canceling' with STUDIO KI	IDS:	
ENT/ARTIST NAME:	(Print)	
	and/or "Minor-Client/Artist". If you t/Artist" must be paid within ten (10)	
	"Minor-Client/Artist" Name)  ht to Cancel -Effective date: if any monies were given upfront, ways from the above date or the date of purposes of this section, business days mission a signed and dated copy of the gement at 15068 Rosecrans Avenue as above last cancel date. There will be cancelled at any time by written not perform the charges.  Hient/Artist" Name)  WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	

15068 Rosecrans Avenue #198, La Mirada, CA 90638

Office: 562-902-9838~Fax: 562-902-0498–Email: <a href="mailto:Studiokidsmanagement@gmail.com">Studiokidsmanagement.com</a> / <a href="mailto:www.studiokidsmanagement.com">www.studiokidsmanagement.com</a> / <a href="mailto:www.studiokidsmanagement.com">www.studioki

# STUDIO KIDS Management



15068 Rosecrans Avenue #198, La Mirada, CA 90638 OFFICE: (562) 902-9838 Ext. 3# - FAX: (562) 902-0498

Email: <u>Studiokidsmanagement@gmail.com</u> / <u>www.Studiokidsmanagement.com</u>

## CHECK AUTHORIZATION FORM / CHANGE OF ADDRESS FORM

I, hereby authorize Studio Kids Management/Lisa Marie Santillan under the Privacy Law Act SB1386 permission to investigate information regarding my minor child's payroll using his or/her social security number. Listed below is my minor child's information:

Minor's Full Name:	
Minor's Social Security #: _	
Minor's Birth Date:	

In the case of when Studio Kids Management should need to collect monies owed by below mention client from outstanding payments due. I, hereby authorize Studio Kids Management/Lisa Marie Santillan to receive, collect, cash of any and all monies, checks, or any other forms of compensation for services of my minor child rendered as a result of the efforts of Studio Kids Management/Lisa Marie Santillan. Providing that Studio Kids Management/Lisa Marie Santillan will in turn ensure payment to my minor child and/or me of all funds, excluding the 20% Management fee on all gross monies due Studio Kids Management/Lisa Marie Santillan with an explanation of such situation.

- I, hereby understand that I revoke any and all authorizations executed by me for the mailing of checks, as defined above, so that Studio Kids Management may process and take the necessary fees to which they are entitled. The balance will then be forward to me in a timely fashion.
- I, hereby authorize and direct delivery of such checks, drafts and/or sums of money, or any other forms of payment as defined above be sent to the following mailing address:

STUDIO KIDS Management 15068 Rosecrans Avenue #198 La Mirada, CA 90638

Date:			
Parent/Guardian's Signature:			
Home Address:		Apt:	
Sity:	State:	Zip Code:	
Main Email Address (Print):			

1		Management
STUDIO	KIDS	Management

SKM PACKET (RETURN)

# Skills & Talents

<b>N</b> -4	-		
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Client's Name		BIRTHDA	TE	AG	E
	Please indicate the 1 If you have never o	_	•		
SPORTS - Archery Badminton Boogie boarding Bowlin Diving-Sky Double Dut Hang Gliding Hiking Lacrosse Monkey Bars Rollerhockey Rollerska Skiing-Snow Skiing-W T-Ball Tennis Tuml Wrestling	ng Boxing Canoeing ch Fencing Firea Horseback Riding : Motorcycle Riding_ ting Scooter Sco ater Snowboarding_	g Car Racing rms-Guns Fishi Ice Hockey Ico Mountain Climbinou uba Diving Socc Softball Squ	Cheerleadir ng Footba e Skating g Paddle E er Skateb ash Stunt	ng Diving-Wo III GolfHo Jet Skiing Ball Ping Pol boarding rs Surfing_	nter nndball Kayaking ng Racquetball
MUSICAL INSTUMENTS Bass Cello Clarinet Harp Organ Percus	Drums-Marching				
<u>ABILITIES -</u> Beauty Contest Chess_ Winking Other:	•	Jokes Lov	es Animals	Painting P	hotographySinging
READER - At grade level Adva	ınced Gate program	n			
<u>MARTIAL ARTS</u> Aikido Hapkido Kick Boxing Kung Fu_					po
<u>GROUPS / CLUBS</u> Awana Bravehearts_ Eagle Scouts Jobs Da Royal Rangers She	ughters Jr. Lifeg	guard Mexico	•		_
FOREIGN LANGUAGES Armenian Chinese Hindu Hungarian Romanian Russian Other: DANCE SKILLS Ballroom	Japanese Kore _ Sign Language Spo	an Latin anish Swahili	Persian_ Tagalog	Polish Thai	Portuguese
Jazz Line Marege_ <u>SPECIAL ABILITIES</u>	_ Salsa_ Samba ·	Tango Tap		·	
Baton Twirling Frisbe Juggling Magic Tricks Bagpipes Guitar-Acous	Mime Pogo Stick_	Rollerblading_	YoYo	Accordian	_
OTHER:					SKTLLS