



OCCTAC STUDENT ENROLLMENT FORM

Preferred method of contact: Email Phone Text

Year:

 FALL SPRING
 SUMMER

Student Information

Last Name	First Name	Middle Initial	DOB	AGE	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Does your child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
List disabilities:	List allergies:	List medications:

Language	What is your primary language? _____
What is your English ability? <input type="checkbox"/> Fluent <input type="checkbox"/> Limited <input type="checkbox"/> None	What is your secondary language? _____

Parent/Guardian Information

Mother/Guardian First and Last Name	Cell Phone Number	E-mail Address		
Father/Guardian First and Last Name	Cell Phone Number	E-mail Address		
Home Address	Apt. #	City	State	Zip Code

OCCTAC Remarks

How did you hear about us? <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to Home/Work <input type="checkbox"/> SAUSD <input type="checkbox"/> Online <input type="checkbox"/> Other : _____	Did you attend an Open House? <input type="checkbox"/> Yes <input type="checkbox"/> No Month of Open House: _____
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Tuition Contract

I/ We request **OCCTAC** to reserve a place for _____ (Name of child) for the academic fiscal year and agree to pay the tuition and any fees for the classes he/she is registered. **I have read, understood and agree to the tuition and student policies on this contract, website or on class schedule. There are no REFUNDS on tuition and/or Registration & Late Fees, for more information please read Terms & Conditions.**

Parent Signature	Date	Staff Signature
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Front Office Use Only

CLASS & Level	Day	Time	Price	Payment Breakdown	
1.				Registration Fee	\$ _____ <input type="checkbox"/> Annual
2.				Material Fee	\$ _____ <input type="checkbox"/> E.S /Pre-K <input type="checkbox"/> Art <input type="checkbox"/> Music
3.				Tuition Fee	\$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Full Session
4.				<input type="checkbox"/> CC <input type="checkbox"/> Cash <input type="checkbox"/> CC APP <input type="checkbox"/> Check	\$ _____ <input type="checkbox"/> Paid Full Session Discount <input type="checkbox"/> 5 % <input type="checkbox"/> 10 %

Front Office Notes

Completed By: _____
Date Completed: _____
Date on IclassPro: _____

OCCTAC TERMS & CONDITIONS

REGISTRATION ----- PAYMENT	<ul style="list-style-type: none"> <input type="checkbox"/> Pay a \$15.00 registration annual fee at the start of the new school year. <input type="checkbox"/> Pay the tuition in full for each session or leave a credit card number with billing information on file and OCCTAC will charge every month on the 5 or 15 until the academic fiscal year of this contract is over. <i>If paying in cash/check monthly then fill out cash agreement, payment will need to be received by the 5th and leave valid credit card number on file. If tuition has not been paid by 5 then we will charge credit card on file. We cannot register students with out having a valid credit card on file.</i> <input type="checkbox"/> If payment is not received on time or credit card on file is declined and we don't receive payment by EOD, a \$10.00 late fee per student will be charged in addition to the monthly tuition balance. Initials: _____
TRANSFER POLICY ----- * DROP FEE	<ul style="list-style-type: none"> <input type="checkbox"/> OCCTAC allows a one-time class transfer of student per year at the request of a parent/guardian. <input type="checkbox"/> Transfers must be within the same tuition price range of the current class the student is enrolled in. <input type="checkbox"/> If a transfer is made to a class that has a higher tuition fee than the current class the student is enrolled in, the difference in tuition must be paid before the student is transferred. <input type="checkbox"/> Transfer requests made by instructors will be discussed with the parent, instructor & program coordinator. <input type="checkbox"/> * If you want to withdraw the child from a class before the end of the academic fiscal year of this contract, you will have to pay a \$50.00 drop fee for each class that he/she is enrolled in. Initials: _____
CLASS SCHEDULE CHANGE ----- CLASS DISCONTINUANCE POLICY ----- MAKE UP POLICY	<ul style="list-style-type: none"> <input type="checkbox"/> OCCTAC has made every reasonable effort to determine that everything stated in our schedule is accurate. Classes are subject to change without notice by the administration of OCCTAC for reasons related to student enrollment, level of financial support, or for any other reason, at the discretion of OCCTAC administration. <input type="checkbox"/> Any group class in which there isn't a minimum of 7 students paying by the beginning of instruction maybe placed on hold, discontinued or postponed. <input type="checkbox"/> Classes which do not maintain satisfactory attendance may be discontinued. <input type="checkbox"/> <u>OCCTAC will only make up classes in the event of teacher absence without notice and/or closure of OCCTAC due to unforeseen circumstances and/or important OCCTAC events. It is the student and parents responsibility to attend all classes. If the student does not attend class for whatever reason, we do allow 1 makeup per session under the instructors discretion, availability and time. This is not guaranteed.</u> <input type="checkbox"/> <u>Tuition is NON REFUNDABLE. In the event that a class is discontinued for whatever reason, tuition will be credited toward another choice of class or credited for future enrollment. Initials: _____</u>
CLASSROOM & PARKING RULES	<ul style="list-style-type: none"> <input type="checkbox"/> Assure that the student(s) attends classes regularly, on time and bring the required materials; you will need to remain in the surroundings of OCCTAC while your child is in class. <input type="checkbox"/> Enter the agency accompanied by the student(s) 12 years and under and sign the Sign-In/Sign-Out sheet that is located at the front desk before your child enters class; and sign the Sign-In/Sign-Out sheet when class is over. <input type="checkbox"/> Assure that you display your OCCTAC Guest Parking Permit in your vehicle at all times and assure you park on the parking areas numbered 16 - 30. <input type="checkbox"/> Do not stay parked more than 30minutes in the drop off parking spaces that is numbered 16 - 19. Initials: _____
PHOTO/VIDEO RELEASE PERMISSION FORM	<ul style="list-style-type: none"> <input type="checkbox"/> <u>I DO grant permission</u> to the Orange County Children's Therapeutic Arts Center and its agents or employees to use photographs and/or video and audio taken of my child. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my child's image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by the Orange County Children's Therapeutic Arts Center. <input type="checkbox"/> <u>I, DO NOT</u> grant permission to the Orange County Children's Therapeutic Arts Center and its agents or employees to use photographs and/or video and audio taken of my child. These images may not be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I do not authorize the use of my child's image, likeness, & voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by the OC Children's Therapeutic Arts Center.
WAIVER	<p>By signing, I agree with what I have read the terms and conditions above and accept the terms that OCCTAC has set. I have met the requirements established in the terms and conditions to enroll my child in the selected classes. I am responsible to provide the necessary information required to enroll my child in the selected classes and to notify of any future changes. I agree not to initiate action against: OCCTAC, sponsors, founders, directors and employees and/or compensation for damages and injuries that my child may have suffered during my or my child's participation in the activities. I understand that I am free to address any specific questions regarding this contract.</p> <p>Parent/Guardian Signature: X _____ Date: _____</p>

CREDIT CARD CHARGE AUTHORIZATION

Personal Information of Credit Card

First and Last Name on Credit Card			Credit Card Number			
Card Expiration Date	CVV	Zip Code on CC	Automatic Payment Date			
____/____/____ <small>Month / Year</small>			<input type="checkbox"/> 5th of every month <input type="checkbox"/> 15th of every month			
Billing Address		Apt. #	City		State	Zip Code

Purpose

The undersigned authorizes **OCCTAC** to charge the credit card on file listed above in the amount of \$ _____

Term Contract

This authorization covers the fiscal year/period of this contract; Year: _____ (August - May) / Year: _____ (January - May)

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The undersigned agrees to pay the tuition in full for the entire year, pay full for each session or leave a credit card number with billing information on file and OCCTAC will charge every month on the 5/15 until the annual/fiscal period of this contract is over. The undersigned agrees that monies due to **OCCTAC** may be charged to the credit card identified above. In the event that the credit card company described above fails or refuses to make payment for the charges submitted, the undersigned agrees that he/she will be personally responsible for any charges of said refusal. The undersigned certifies they are the cardholder and/or have full authorization for purchasing on the listed card.

Proof of Identity

When returning this form, please include your government issued ID and the listed credit card. _____
(FD Initials)

Pricing and Class Time

Group Classes (4+)	Semi-Private Lessons (2-3)	Private Lessons (1)
<input type="checkbox"/> 60 minutes	<input type="checkbox"/> 45 minutes	<input type="checkbox"/> 30 minutes \$25 per class
\$70 per month	\$75 per month	<input type="checkbox"/> 45 minutes \$32 per class
		<input type="checkbox"/> 60 minutes \$39 per class

Certificate of Merit ONLY

CM Theory \$35 /per session CM Performance \$20 /per session

Authorization

I, authorize The Orange County Children's Therapeutic Arts Center to charge the credit card account listed above.

Signature: _____ Date: _____

Print Name: _____