



# Orange County Children's Therapeutic Arts Center

Music and Art for the  
Empowerment of Young People

## REGISTRATION

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

### **PARENT'S INFORMATION (Please Print)**

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email #1: \_\_\_\_\_

Email #2: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address

City

Zip Code

### **EMERGENCY CONTACT (Please provide two (2) alternative Contacts, Parent/Guardian will be notified first)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### **INCOME VERIFICATION**

#### **(Please Print)**

*(The following information is used solely for Demographic Reporting)*

#### **Parent #1/Guardian**

Name of Employer: \_\_\_\_\_ Telephone: \_ (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

#### **Parent #2/Guardian**

Name of Employer: \_\_\_\_\_ Telephone: \_ (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Is Mother Head of Household? Yes \_\_\_\_\_ No \_\_\_\_\_

Total Number in Household: \_\_\_\_\_ Number of household members working: \_\_\_\_\_

Total Combined Annual Income: \$ \_\_\_\_\_

# Orange County Children's Therapeutic ARTS Center

## Program and Class Guidelines

### Registration/Payment and Attendance

1. At the time I register my child(ren) in any class at OCCTAC, I agree to pay the Tuition and Registration fee.
2. **Tuition is due by the scheduled due dates (see current schedule for dates), if not received there will be a \$5.00 fee.**
3. I agree to attend, arrive on time, and participate in classes held at OCCTAC on a consistent basis. A student 15 minutes late is considered a No-Show
4. I will call the office if I cannot attend due to illness or transportation problems; student is allowed 3 No-Shows. **After the third No-Show student will be removed from the program and there is a \$25.00 DROP FEE for each registered class.**
5. If I wish to make any class changes, I will need to wait until the beginning of the following period.
6. If I drop my child from a class, I will fill out a form explaining the reasons why my child is dropping the class. I will be billed if not completed. **There is a \$25.00 fee (for each registered class), if I withdraw my child after the 2<sup>nd</sup> week of the Semester.**

### OCCTAC and Classroom Rules

1. My child will quietly remain in the waiting area until class begins without disturbing on-going classes.
2. Parents will remain in the waiting area (except during parent observation week).
3. My child will not run inside or outside the premises of the Center.
4. When necessary my child will bring the required materials to class and will handle: musical instruments, computers, books and other OCCTAC equipment with care.
5. **My child will be respectful toward the instructions and follow directions in class at all time.**
6. **No food or drinks in class.**
7. I will pick up my child immediately after class is over. **A \$5.00 dollar penalty for a late pick-up (15 minute grace period).**

### Rules at OCCTAC

I hereby allow my son/daughter to participate in classes and activities held at the Orange County Children's Therapeutic ARTS Center. I agree to read and comply with the contents of this form and complete all the enrollment forms required. The staff has provided all the necessary enrollment forms required and I assume the responsibility to provide up-to-date information should there be any changes. Failure to adhere to these guidelines will result in my student's removal of the program.

### WAIVER

Furthermore, I shall hold harmless the OCCTAC, sponsors, founders, board and staff against all claims, demands, and loss of liability of any nature for any possible injury incurred during my child's participation of all activities held at the Orange county Children's Therapeutic Arts Center (OCCTAC).

Childs Name: \_\_\_\_\_ Childs Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Childs Name: \_\_\_\_\_

I \_\_\_\_\_, the parent or legal guardian agree and commit to the stated rules and waiver.

**Print Name**

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**REGISTRATION Continued**

**STUDENT'S DATA (Please Print)**

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ F  M

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Needs: Y  N  Diagnosis: \_\_\_\_\_

**STUDENT'S HEALTH DATA**

Any Medical Restrictions (including medicines; Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ETHNICITY / RACE (circle all that apply)**

Latin	Black/African American	Asian
White	Pacific Islander	American Indian/Alaskan Native

**CLASS (es) REQUESTED**

1.	2.	3.
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## Photo/ Video Release Form

(Read and sign below)

\_\_\_\_\_ **Yes, you may use pictures for the Orange County Children's Therapeutic Arts Center, Santa Ana, CA**

I hereby give permission for images of my child, captured during any and all activities through video, photo, and digital camera, to be used solely for purposes of OCCTAC, including but not limited to, promotional material, marketing and publications. I waive any rights of compensation or ownership to these video's or photographs and agree to hold harmless OCCTAC against all actions, claims, lawsuits, damages, expenses and liabilities of any kind or nature. I understand that by signing this form I will also waive my right to view or approve any of these images prior to their use.

\_\_\_\_\_ **No, you may not use pictures for the Orange County Children's Therapeutic Arts Center**

Name of Student (please print) \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Phone number \_\_\_\_\_