



Orange County Children's Therapeutic Arts Center

Music and Art for the
Empowerment of Young People

REGISTRATION

Date: _____

PARENT'S INFORMATION

Mother/Guardian: _____ Father/Guardian: _____

Home Address: _____
Address *City* *Zip Code*

Home Phone: _____ Mobil Phone: _____

Work Phone: _____ Alternate Phone(specify): _____

Email #1: _____ Email #2: _____

EMERGENCY CONTACT (Please provide two(2) Contacts)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

#1 STUDENT'S DATA

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; 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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#2 STUDENT'S DATA

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; 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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REGISTRATION (cont.)

#3 STUDENT'S DATA

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; 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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#4 STUDENT'S DATA

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; 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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#5 STUDENT'S DATA

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; 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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Orange County Children's Therapeutic ARTS Center

Program and Class Guidelines

I _____ will comply with the following rules at OCCTAC:

1. At the time I register my child(ren) in any class at OCCTAC, I agree to pay the monthly fee of \$35/\$45 for Music Classes and one-time Registration fee of \$10. I understand fees will not be refunded if I choose to withdraw my child(ren) from a class.
2. **Monthly tuition fee is due the first week of class. If tuition fee is not paid during the first class of the month, there will be a \$5.00 dollar penalty charge for every subsequent week.**
3. If I wish to make any class changes, I will need to wait until the beginning of the following month.
4. If I decided to drop my child from a class, I will have to fill out a form explaining the reasons why my child is dropping the class. If you do not fill out a form, you will receive an invoice for that month.
5. My child will remain in the waiting area until class begins.
6. Parents will remain in the waiting area except during parent observation week.
7. My child will remain quiet without disturbing on-going classes.
8. My child will not run inside the premises of the Center.
9. My child will bring the required materials to class when necessary.
10. My child will handle musical instruments, computers, books and other OCCTAC equipment with care.
11. My child will be respectful toward the instructions and follow directions in class at all time.
12. No food or drinks in class.
13. I will pick up my child immediately after class is over. **Assume the responsibility of a \$5.00 dollar penalty for a late pick-up (15 minute grace period).**

Attendance Agreement

I _____, the parent or legal guardian of _____, agree and commit to the following rules. Failure to adhere to these guidelines will result in my student's removal of the socialization program.

Rules at OCCTAC

1. I agree to participate and attend classes held at OCCTAC on a consistent basis.
2. I will call the office if I cannot attend due to illness or transportation problems.
3. **Student is only allowed 3 No-Shows without a medical excuse. After the third no show student will be removed from the program.**
4. I commit to arrive on time to class every week. If student is more than 15 minutes late, it will be considered a No-Show.

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.

WAIVER

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

Childs Name: _____ Childs Name: _____

Childs Name: _____ Childs Name: _____

Parents Signature: _____

Date: _____



Orange County Children’s Therapeutic Arts Center

Photo/ Video Release Form

_____ **Yes, you may use pictures for The Orange County Children’s Therapeutic Arts Center, Santa Ana, CA**

(Read and sign below)

I hereby give permission for images of my child(ren), 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.

Name of Student(s)(please print) _____

Name of Parent/Guardian _____

Signature _____ Date _____

(Phone number)

_____ **No, you may not use pictures for The Orange County Children’s Therapeutic Arts Center**

I have read and fully understand the above statement, but at this time I do not wish for any images of my child(ren) to be used in any way by The Orange County Children’s Therapeutic Arts Center. I therefore do not give permission for the use of any such image at this time.

Name of Student(s)(please print) _____

Name of Parent/Guardian _____

Signature _____ Date _____

(Phone number)