



OCCTAC STUDENT ENROLLMENT FORM

Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text	Year:	<input type="checkbox"/> June <input type="checkbox"/> July
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Student Information

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

Parent/Guardian Information

Parent /Guardian First and Last Name	Cell Phone Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address		
Father/Guardian First and Last Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address		
Home Address	Apt. #	City	State	Zip Code

Tuition Contract

I/ We request **OCCTAC** to reserve a place for _____ (Name of child) for 2022 Summer session and agree to pay the tuition and any fees for the class he/she is registered. Due to the limited number of spaces available in our classes, there are **NO REFUNDS** on tuition, for more information please read **Terms & Conditions**. I have read, understood and agree to the tuition and student policies on this contract, website or on class schedule.

Parents Approval Signature/Date	Staff Signature
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Front Office Use Only

SUMMER Classes	DAY	TIME	PRICE	PAYMENT BREAKDOWN		
				Registration Fee	\$ _____	<input type="checkbox"/> Annual
				Material Fee	\$ _____	<input type="checkbox"/> E.S /Pre-K <input type="checkbox"/> Art <input type="checkbox"/> Music
				Tuition Fee	\$ _____	<input type="checkbox"/> Monthly
				<input type="checkbox"/> CC <input type="checkbox"/> Cash <input type="checkbox"/> Check	\$ _____	

Front Office Notes

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

OCCTAC TERMS & CONDITIONS

REGISTRATION	<input type="checkbox"/> Pay a \$15.00 registration fee. <input type="checkbox"/> <u>Leave a credit card number with billing information on file and OCCTAC will charge every month on the 5 or 15 until the summer session of this contract is over. 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.</u>
PAYMENT	<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	<input type="checkbox"/> OCCTAC allows a one-time class transfer of student at the request of a parent/guardian. After the one-time transfer, there is a \$10 transfer fee. <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. Initials: _____
CLASS SCHEDULE CHANGE	<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. If your child participates in private lessons, commit to stay with them during class.
CLASS DISCONTINUANCE POLICY	<input type="checkbox"/> Any group class in which there isn't a minimum of 4 students paying by the beginning of instruction maybe placed on hold, discontinued or postponed.
MAKE UP POLICY	<input type="checkbox"/> Please understand that if your child/children present aggressive behavior that puts staff or other students, OCCTAC has the right to drop the student from the class. <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.</u> Initials: _____
CLASSROOM & WAITING AREA RULES	<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 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 the you display your OCCTAC Guest Parking Permit in your vehicle at all times and assure you park on the parking areas numbered 16 - 30. Initials: _____
PHOTO/VIDEO RELEASE PERMISSION FORM	<input type="checkbox"/> I DO 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 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"/> I, DO NOT 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				Card Number																															
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Card Expiration Date ____ / ____	CVV	Zip Code on Card	Automatic Payment Date <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 Summer Session of this contract; Year: _____ (June / July)

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 & Class Time

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

Authorization

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

Signature: _____ Date: _____

Print Name: _____