

# OTAC Student Enrollment Form



**\*\*\*Pre-Registration and deposit are required.**

**Online Pre-Registration:**

Students may pre-register by emailing [registration@otacenter.com](mailto:registration@otacenter.com). Please list the class title and dates you are interested in and your contact information. You will receive an e-mail confirmation of your pre-registration and fee information. Pre-registration is not complete until payment and Student Enrollment Form is received. Remember that classes will not be held if the minimum requirement of 5 students is not met. Make checks payable to: Olde Towne Arts Center.

**Pre-Registration by Phone:**

To pre-register by phone, please speak your contact information clearly and slowly on our voice mail at 985-649-0555 and we will contact you as soon as possible. If you do not receive a return phone call, it's likely that we were unable to understand your message. Please try again. Upon receipt of your deposit you will receive a Student Enrollment form.

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**To be completed by the Student/Parent/Guardian:**

Student name: \_\_\_\_\_ Contact name (if different): \_\_\_\_\_

OTAC Class(es): \_\_\_\_\_ Date: \_\_\_\_\_ Total due (class + supply): \_\_\_\_\_

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Payment method and amount: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency contact(s) name and phone: \_\_\_\_\_

Medical information (if appropriate): \_\_\_\_\_

How did you learn about this OTAC Class? \_\_\_\_\_

What other classes would you like to take through OTAC? \_\_\_\_\_

\_\_\_\_ By initialing this box I understand that severe behavior problems exhibited by students will be discussed with the student and parent. For the sake of all students, repeated behavior problems will result in a non-refundable dismissal from OTAC classes.

\_\_\_\_ By initialing this box I give permission to OTAC to use images of myself and my artwork for purposes of publicity and documentation.

Signature and date submitted: \_\_\_\_\_

Class Title/Instructor: \_\_\_\_\_

Session dates: \_\_\_\_\_

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**To be completed by OTAC Treasurer or designee:**

Payment and received as noted above \_\_\_\_\_ (name) \_\_\_\_\_ (date)