

**OLD CROZET SCHOOL ARTS
REGISTRATION FORM 2009 – 2010**
Session #2 Registration due by Friday, October 16th.

- 1) Please read and complete this form, read the “Calendar & Policies” (on website) and sign below as indicated.
- 2) Please complete a separate registration form for each student; there is a \$5.00 registration fee *per student, per session (see below)*.
- 3) Please make check payable to **Old Crozet School Arts (or OCSA)**, and mail with this form to → **OCSA, c/o 260 Deer Crest Heights, Charlottesville VA 22903.**

Student’s Name: _____ **Birthdate:** _____ **Grade:** _____
(if age 18 or under)

Parent’s or Adult Student’s Contact Information:

Name: _____ **Telephone:** () _____

Email: _____ **Cell Phone:** () _____

Billing Address: _____

Please register Student in the following class(es) for Session #2 (October 19th – December 5th):

Name of Class	Instructor	Day	Start Time	Tuition
1.				
2.				
3.				
4.				
5.				
6.				

Total Tuition Due\$ _____

Registration fee (per student, per session).....\$ 5.00

TOTAL DUE BY FRIDAY, OCTOBER 16TH *\$ _____

(Please see Page 2 of this form for tuition payment option.)

**Please briefly describe any medical or other issues the student has of which the instructor(s) should be aware
(continue on reverse side, if necessary):**

Liability & Medical Waivers, Photography Release, Permission for Emergency Care:

I hereby attest that my child (or I, myself, if over age 18) is (am) physically able to participate in the above classes at Old Crozet School Arts. I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any kind for injuries or losses my child (or I, if over 18) may incur while participating in classes at OCSA, now or in the future. I agree to indemnify and hold harmless OCSA, its directors, instructors, staff and associates from and against any and all claims, liabilities, actions, damages, costs or expenses of any kind. In case of emergency while at OCSA, I give permission for my child (myself, if over 18) to receive emergency medical treatment. My signature below signifies my agreement with these liability & medical waivers, and grants permission for photographs of my child (or myself, if over 18) to be used for promotional purposes without financial compensation.

Parent (or Adult Student) Signature:

My signature below signifies that I have read and completed this form, and have read OCSA’s calendar and policies. I agree to pay the total tuition (above), agree to the terms of the liability and medical waivers and photography release, and give permission for emergency medical treatment as stated on this form.

Please sign here: _____

OLD CROZET SCHOOL ARTS
Tuition Payment Option
for students enrolling in two or more classes per week,
or for families enrolling two or more family members per session:

Please read and sign the following statement if you wish to divide student's Session #2 Tuition into two payments; one-half is due upon registration; the second half is due on or before Friday, October 30th, 2009 (see late payment policy, below).

Please complete a separate Tuition Payment Option form for each family member.

PLEASE NOTE: You will be responsible for the full tuition for this session even if student does not complete the session.

Name of Student: _____

Name(s) of other family member(s) enrolled in OCSA: _____

I wish to pay the Total Tuition & Registration (shown on Page 1 of this form) for Session #2, for the above-named Student, in two payments:

Total Tuition & Registration due for Session #2 (this student only) \$ _____

One-half of Total Tuition & Registration (this student only)
Due with registration * \$ _____

One-half of Total Tuition & Registration (this student only)
Due on or before Friday, October 30th, 2009 * \$ _____

My signature below indicates my agreement to pay Total Tuition & Registration for this student (myself, if adult) in two payments, as indicated above. I understand that I am responsible for the full Session Tuition & Registration even if the student does not (or, if adult, I do not) complete the session:

Parent/Adult Student Signature: _____

Please contact OCSA if you need further assistance with tuition payment options.

Scholarships:

A limited number of need-based scholarships are available. Please contact OCSA for information:
info@oldcrozetschoolarts.org

Class Make-up Policy:

Classes cancelled due to emergency closings or teacher illness will be rescheduled. There is generally no provision to make-up classes missed due to student illness or absence. However, students enrolled in pre-ballet & ballet classes may make-up missed classes due to illness in classes of an equal or lower level ***with prior permission of the instructor.***

Late Enrollment:

With permission of the instructor, students may enroll in a class after the start of a session. However, the session's tuition cannot be pro-rated to accommodate missed classes.

*** Late Payment of Tuition:**

Tuition that is not paid before the first class of each session will incur a \$10 late fee. Likewise, a payment made after the due date for Tuition Payment Options will incur a \$10 late fee.

Refund Policy:

OCSA will refund tuition if a class session is cancelled. There are no other refunds of paid tuition.