



Oldham County Schools Arts Center Class Registration Form

Quarter/Semester: _____

Student's First Name: _____ Last Name: _____ Age: _____

Birth Date: _____ Male Female School: _____ Grade: _____

Parent/Guardian: _____ Primary Phone #: _____

Address: _____ Emergency Phone #: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Annual Registration Fee: \$15.00 per Student -or- \$25.00 per Family Annual Fee: _____

Classes

1. _____ Day(s): M T W Th F Time: _____ Fee: _____

2. _____ Day(s): M T W Th F Time: _____ Fee: _____

3. _____ Day(s): M T W Th F Time: _____ Fee: _____

4. _____ Day(s): M T W Th F Time: _____ Fee: _____

5. _____ Day(s): M T W Th F Time: _____ Fee: _____

Private Lessons

Instrument/Vocal Lessons: _____ Lesson Length: _____ Fee: _____

Musical Experience:

Payment

Cash Check Payable to: **OCSAC** Fee Total: _____

MC/Visa # _____ Exp. Date _____ Security # _____

Payment/Refund Policy

Fees are due by the first class or lesson of each session. Refunds are given only in cases of medical emergency or because of insufficient enrollment. Visit our website for complete list of Arts Center policies: www.ocsartscenter.org

Discount Policy

The Arts Center offers a 10% discount for each additional class that a student takes in the same quarter and for additional family members registering for the same class. The Arts Academy Private Lessons also offers a 10% discount for each additional family member taking private lessons.

Waiver/Liability Form

The above enrolled student has my permission to participate in classes and/or lessons at Oldham County Schools Arts Center (OCSAC). I understand that participation in this program is at my/his/her own risk and that OCSAC will not be liable for any injury sustained or be responsible for any medical expenses incurred as a result of my/my child's participation in this class. I understand and accept the policies for OCSAC as stated in this booklet and on their web site and accept responsibility for charges and fees incurred. I will allow the OCSAC to use photographs, artwork and recordings made at OCSAC or at OCSAC functions, involving the student hereby enrolled.

Signature _____ Date _____

Mail Form to: OCS Arts Center 7105 Floydburg Rd. Crestwood, KY 40014 Fax to: 502-241-4068