

Oklahoma Performing Arts, Inc.

www.opan2art.org

918-269-8304

...empowering and developing character through classical arts training and community service programs and presentations.

Summer 2015 Enrollment Form

Date: _____

Dance _____ Music _____

Tulsa Youth Ballet* _____ Tulsa Metro Youth Orchestra* _____

(*by director's approval only)

Student Information:

Name: _____ **Beginning year with OPA:** _____ Date of Birth: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Student E-mail address: _____ Mother E-mail: _____

Father E-mail: _____ Home Telephone: _____

Student Cell: _____ Mother Cell: _____ Father Cell: _____

School District: _____ School Name: _____ Grade: _____

School Activities and Clubs: _____

Other Activities and Clubs: _____

Individual Responsible for account if other than Parent:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Cell: _____

Medical:

Insurance: _____ Number: _____ Telephone: _____

Physician: _____ Telephone: _____

Pertinent Medical Information: _____

Please list all Prescription Medications your child is taking: _____

The following have my permission to pick up my Child from Oklahoma Performing Arts, Inc.

Name: _____ Relation: _____

Name: _____ Relation: _____

Emergency Contacts:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I hereby give my permission for Oklahoma Performing Arts, Inc to give my child Tylenol/Ibuprofen when needed. I release Oklahoma Performing Arts, inc. Faculty, Administrators, Underwriters, Staff, Volunteers and Founders from any and all liability, claims, demands, actions and causes of action whatsoever relating to the administration of Tylenol/Ibuprofen.

Date: _____ Signature: _____

Name: _____

I hereby give my permission for Oklahoma Performing Arts, Inc. to publish the above emails and telephone numbers in an all school directory.

Date: _____ Signature: _____

Name: _____

Beyond Dance, Beyond Music, Beyond Voice, Beyond Acting...

www.opan2art.org

... Into Art.

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I hereby give my permission for Oklahoma Performing Arts, Inc to photograph/video record my child for the purpose of records and promotion of programs and projects presented by Oklahoma Performing Arts, Inc and its affiliates. Such photography/videography will be presented solely by those with exclusive permission from Oklahoma Performing Arts, Inc.

Date: _____ Signature: _____
 Name: _____

The undersigned, hereby states that they understand the policies of Oklahoma Performing Arts, Inc's Facility. That Oklahoma Performing Arts, Inc, its faculty, administrators, employees, interns, underwriters and founders are released from any and all liability, claim, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death that may be sustained by the undersigned or any participant in, person at, or to the property of the undersigned while either participating in or being present at Oklahoma Performing Arts, Inc. This release shall be binding upon the assignees, distributees, heirs, next of kin, executors and administrators of the undersigned and may be pled by Oklahoma Performing Arts, Inc in any claim, demand, action or cause of action by or on behalf of the undersigned.

Date: _____ Signature: _____
 Name: _____

Summer Weeks:

Week 1: June 1- 6 Week 3: June 15-20 Week 5: July 6-11 Week 7: July 20-25
 Week 2: June 8-13 Week 4: June 22-27 Week 6: July 13-18 Week 8: July 27-Aug1

Class/es:	Level	Class	Day	Time	Hours	Week(s)
ie:	Level A	Ballet	Mon	1:45 – 3:15p	1.5	1,2,6,8
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Workshops:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Company Level: _____ Weeks: _____ Tuition (4 weeks plus any extras) _____

Private Instructor: _____ Day: _____ Time: _____

Summer Tuition*: _____ **Due June 1st (no matter which weeks attending)**

All accounts are to be paid by June 1. Any account with a balance by the 10th of the month will be assessed a \$15.00 service fee per month until the account is brought current.

* Tuition is NOT prorated for breaks or missed classes.

**Enrollment is first based on age/birthday, level may be determined by Artistic Director and Faculty.

***Company members are required to attend four of the eight weeks of summer classes unless you are attending a summer program. Two weeks of an approved summer program equates to one week at OPA.

I understand and agree to the above fees and their respective due dates.

Date: _____ Signature: _____
 Name: _____