



2018-2019 REGISTRATION

115 Church Street, St. Helens, OR 97051
(503)366-5223 opas@opasdance.com

Class Selections	
Day/Time	Class
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Office Use	_____

2018-2019

Student Name: _____ []M []F

Date of Birth: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s): *(If more than one set, please add information on reverse)*

Name(s): _____ Relationship to student: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Text: Yes or No (please circle)

E-mail Addresses: _____

Please ensure your email settings allow access from opas@opasdance.com, including mass emails.

Alternate Emergency Contact Name: _____ Phone: _____ Relationship: _____

Please read and initial below, indicating that you understand and agree to the following:

_____ **Tuition Payments** due the 1st of each month. OPAS does not send out billings except on delinquent accounts. For the convenience of all **tuition is divided into ten equal payments due monthly** and is the same regardless of the number of classes offered in any given month.

_____ **\$10.00 LATE FEE** assessed on the 11th and compounds monthly on the 1st of each following month until account is paid in full.

_____ **Auto Pay** will be charged to your credit card on the first business day of each month and will include tuition and other fees as they become due. If your account is scheduled for Auto Pay and your card is declined, the same grace period applies but without the Auto Pay discount that month.

_____ **NSF Checks** will receive a \$30 charge.

_____ **Delinquent Accounts:** Students with delinquent accounts will not be allowed to continue private lessons, attend group classes, purchase Showcase tickets, purchase costumes, or perform in the Showcase until the account is paid in full.

_____ **Other Fees:** Costume payments are due by December 1 and Showcase Fees are due by March 1.

_____ **Withdrawals** must be submitted to the OPAS office in writing prior to the first of the month student plans to discontinue. Tuition and late fees will be due for the month and will accrue until OPAS is notified. Withdrawal becomes effective the date the office is notified, not retroactively even if class was not attended.

_____ **No Refunds or Pro-Rating:** All tuition, registration fees, costume payments, and Showcase fees are non-refundable. No pro-rating and no refunds for student absences, withdrawals, or weather related closures. Weather closures are considered an act of God and make-up lessons will be offered at OPAS discretion.

_____ **Communication:** We will be using e-mail to communicate with parents. You are responsible for knowing content of these communications. Please make sure the OPAS office has updated email address for you.

_____ **Registration:** Payment of registration and tuition guarantees placement in chosen classes on a first come, first served basis. Classes with insufficient enrollment may be rescheduled or cancelled.

_____ **OPAS Rate Schedule & Policies and OPAS Calendar:** I have received a copy of the OPAS Rate Schedule & Policies and the OPAS Calendar or will retrieve a copy from the OPAS website and am responsible for knowing the contents.

The undersigned releases Oregon Performing Arts Studio (OPAS) and its staff and volunteers from all liability, which may arise from participation in its programs. In the event the participant is under the age of 18, the undersigned agrees to hold OPAS and its staff and volunteers harmless from any liability in the event that I or any member of my family or friends should be injured in any manner while on these premises or premises OPAS events are held.

In case of emergency, accident or illness, the undersigned gives permission for the above-mentioned to be treated by a professional medical person and accept responsibility for medical expenses, which are incurred.

By signing this form I have acknowledged the Oregon Performing Arts Studio (OPAS) policies and will abide by them. I have also received a copy of the OPAS rate schedule & policies and the calendar & dress code information and agree to the content.

Print: _____ **Sign:** _____ **Date:** _____

Parent / Guardian /Adult Student

Rev. 8/13/18