

Operatunity Class & Private Lessons

STUDENT'S NAME		AGE / GRADE
ADDRESS		
CITY	STATE	ZIP CODE
PHONE # (DAY)		PHONE # (EVE)
EMAIL		
PARENT'S NAMES (IF UNDER 18 YEARS OLD)		
EMERGENCY CONTACT		RELATIONSHIP
PHONE #		CELL #

For placement purposes, please include a brief statement describing your child's past arts training.

Music Theory is recommended with Private Voice lessons.

*Advanced private voice students teacher authorization is required.

TEACHER'S SIGNATURE

Make checks payable to:
Operatunity Performing Arts Center

OPERATUNITY Performing Arts Center
 1 School Street, Foxboro, MA 02035 • 508-718-5579
 www.operatunity.org

REGISTRATION.....

PLEASE PRINT CLEARLY

A 15% Sibling Discount is offered for siblings enrolled in 4 classes or more (tuition only) OR 10% Semester Discount is offered for full semester payments. *(Semester and Sibling discounts cannot be combined)*

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CLASS / LESSON #1 _____

DAY / TIME: _____ SEMESTER TUITION : \$ _____ .00
OR MONTHLY PAYMENT: \$ _____ .00

MATERIALS FEE: \$ _____ .00

CLASS / LESSON #2 _____

DAY / TIME: _____ SEMESTER TUITION : \$ _____ .00
OR MONTHLY PAYMENT: \$ _____ .00

MATERIALS FEE: \$ _____ .00

CLASS / LESSON #3 _____

DAY / TIME: _____ SEMESTER TUITION : \$ _____ .00
OR MONTHLY PAYMENT: \$ _____ .00

MATERIALS FEE: \$ _____ .00

CLASS / LESSON #4 _____

DAY / TIME: _____ SEMESTER TUITION : \$ _____ .00
OR MONTHLY PAYMENT: \$ _____ .00

MATERIALS FEE: \$ _____ .00

OFFICE USE ONLY

PAYMENT METHOD:

Cash Check

No. _____

DATE PAYMENT REC'D: _____

CLASS SUBTOTAL:	\$ _____	.00
10% Semester discount:	- _____	.00
FULL SEMESTER PAYMENT		
15% Sibling discount:	- _____	.00
SUBTOTAL	_____	.00
Material's Fee	+	_____
Registration Fee:	+	25.00
NON-REFUNDABLE		

FOR ADDITIONAL REGISTRATION FORMS, QUESTIONS, OR MORE INFORMATION, CALL 508-718-5579.

TOTAL \$ _____ .00

I have read the Operatunity policies and with my registration form I accept these terms.

SIGNATURE: _____ DATE: _____

