

# Class Registration: Young Artists

Fill this form and mail to: Honolulu Museum of Art School, 1111 Victoria Street, Honolulu HI 96814.

Student's name \_\_\_\_\_

Student's birthday \_\_\_\_\_ Present school \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

List any allergies \_\_\_\_\_

List any special needs \_\_\_\_\_

Class no. / 6 digits \_\_\_\_\_ Class name \_\_\_\_\_

Are you the legal guardian of the child?  Y  N If yes, fill Part A only. If no, fill in Part A and B.

## Part A

Parent's / legal guardian name \_\_\_\_\_

Mailing address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Contact telephone \_\_\_\_\_

Emergency contact name (other than a parent) \_\_\_\_\_ Contact telephone \_\_\_\_\_

## Part B | Skip if you are the parent / legal guardian of the child registering.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Mailing address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Contact telephone \_\_\_\_\_

## Payment Information | Make checks payable to the Honolulu Museum of Art.

Total tuition \_\_\_\_\_  Check  Visa  MasterCard  American Express

Name on credit card \_\_\_\_\_ Expiration date \_\_\_\_\_

Credit card # \_\_\_\_\_ Billing zip \_\_\_\_\_ Security code \_\_\_\_\_

## Registration Information

Registration will be accepted on a first-come, first-served basis. Classes are subject to cancellation due to low enrollment. No refunds 3 days before class begins. There is a \$25 withdrawal fee per class. A \$30 fee will be assessed for returned checks. By participating in Honolulu Museum of Art School classes and events participants give permission for free use of their name, voice, artwork and picture in any advertising or promotion of The Honolulu Museum of Art.