

# Class Registration: Young Artists

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

## 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.

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

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

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

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

Class code \_\_\_\_\_ 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 \_\_\_\_\_

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