Class Registration: Young Artists

Fill out this form and mail to: Honolulu Museum of Art School, 1111 Victoria Street, Honolulu HI 96814. Mail in registrations are processed at the end of the business day they are received starting Dec 11.

Are you the parent or legal guardian of the student? ☐ YES ☐ NO
If no, what is your relationship to the student? __________________________

**LAST DAY TO REGISTER:** Two weeks before the first day of class.

**STUDENT INFORMATION**

Student First Name ___________________ Student Last Name ___________________ Current Age ______

Student Birthday _____________________ Student Gender ☐ Nonbinary ☐ Female ☐ Male

Current School ________________________

Does the student have allergies? If so, please list: __________________________

Does the student have special needs or disabilities? If so, please describe. __________________________

Class Code _______________ Class Name + Time __________________________

Class Code _______________ Class Name + Time __________________________

**PARENT / GUARDIAN INFORMATION**

**FIRST AND LAST NAME** ☐ CURRENT MOBILE NUMBER ☐

**CURRENT EMAIL** ☐

**CURRENT MAILING ADDRESS** ☐

**PICK UP INFORMATION**

How will the student get home after class? Please choose all that apply. ☐ Walk ☐ Bus ☐ Pick Up

If student will be picked up, list name, relationship and current mobile number of individual(s) who are authorized to pick up the student.

**FIRST AND LAST NAME** ☐ RELATIONSHIP ☐ MOBILE NUMBER ☐

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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. Visit our website at honolulumuseum.org/learn/classes to view our full Registration and Withdrawal Policies prior to registering.

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

Are you a member of the Honolulu Museum of Art? ☐ Yes ☐ No **Members receive $10 off any class***

*Membership discount is only applicable to Youth and Studio Program classes. Discount is not applicable to open studio fees.

☐ Cash ☐ Check # ____________ ☐ Visa ☐ MasterCard ☐ American Express

Name on credit card ____________________________ Expiration date ____________

Credit card # ____________________________ Billing zip ____________ **Total tuition $__________**