

## Winter-Spring 2024 Children's Art Class Registration

Class enrollment is taken on a first come, first served basis with a limit of 16 students per class. Payment and completed registration form must be received by the Hockaday Museum of Art to guarantee a place in class. Full or partial scholarships for those with financial need are available through the Ed Bailey Scholarship fund. Hockadaymuseum.com/scholarships

Children's class cancellation & refunds:

100% refund, less \$5 administrative fee for cancellation 7 or more days in advance of class. 50% refund, less \$5 administrative fee for cancellation 2-6 days in advance. No refund for cancellations made less than 2 days in advance. Classes that do not meet minimum of 8 registered students will be cancelled and a full refund given.

Student Name S	Student Age	
Health issues we should be aware of:		
Parent/Guardian Phone		
Mailing Address		
City State Zip Code		
e-mail		
Emergency Contact (Name & Phone)		
CLASS TITLE & DATES	CLASS FEE	AMOUNT DUE
After School Art ages 7-14 Tuesdays 3:30 drawing warm up   3:45-4:50 pm instruction & art creation		
□ Animal Art – <i>Feb 6, 13, 20, 27</i>	\$40	
□ 3-D Art – April 30, May 7, 14, 21	\$40	
Homeschool Art ages 6-14 Wednesdays 10:30 am-12:00 pm		
□ Homeschool Winter Section #1 – January 17, 24, 31, Feb 7	\$40	
□ Homeschool Winter Section #2 – <i>Feb 14, 21, March 13, 20</i>	\$40	
Homeschool Spring Section #1 – April 3, 10, 17, 24	\$40	
□ Homeschool Spring Section #2 – May 1, 8, 15, 22	\$40	
	SUB TOTAL	
	10% Member Discount	
	Credit	
Payment Method:CashCheckVisa MCAmExDisco	over TOTAL	\$

Photo Release: Unless the box below is checked it is understood that the Hockaday Museum of Art has permission to use any pictures taken in public view of my child individually or any in which my child appears in whole or in part. I understand that these pictures may be reproduced in print or electronic media specifically to promote the Hockaday Museum of Art and any of its programs.

Signature		Date
For phone or mailed registrations: Name as printed on Credit Card:		
Mailing Address:	City	StateZip
Credit Card #	Exp Date:	Security Code

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