REGISTRATION & PAYMENT FORM FOR SUMMER 2024 ART ACADEMY

VERY IMPORTANT: PLEASE PRINT CLEARLY—PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH CHILD ATTENDIN

Name:	Student's gender pronoun preference:	FRESNO ART MUSEUM
uardian Name(s):		——————————————————————————————————————
ldress:	City:	_Zip:
mail:		
ell number(s) and/or best number(s):		Texting okay?
s Birthday (include year):	Grade 2024/25 school year: School Attending 2024/25:	
I (June 10 to 14) □ Full Day (\$415*/\$445) □ AM only (Stop-Motion Animation) (\$2 2 (June 17 to 21) □ Full Day (\$415*/\$445) □ AM only (Drawing & Painting What 13 3 (June 24 to 28) □ Full Day (\$415*/\$445) □ AM only (Super Mud) (\$240*/\$265) 4 (July 29 to August 2) □ Full Day (\$415*/\$445)	NG WORKSHOPS: M: 9:00 am to 12:30 pm • Half Day PM: 1:00 pm to 4:30 pm 40*/\$265) □ PM only (Comic Book Design) (\$240*/\$265) You See) (\$240*/\$265) □ PM only (Print It!) (\$240*/\$265) □ PM only (Make Your Own Artist Trading Cards) (\$240*/\$265) □ PM only (Fun with Mixed Media) (\$240*/\$265)	☐ Direct email ☐ FAM website ☐ Facebook /Instagram ☐ Returning student ☐ Other
☐ Full Day (\$415*/\$445)	5) PM only (<i>Painting & Drawing with Color</i>) (\$240*/\$2 * member price	Click the QR code to register ONLINE

Student Name:	Student's gender pronoun preference:	FRESNO
Parent/Guardian Name(s):		AKI MUSEUN
Street Address:	City:	_Zip:
Parent Email:		
Parent cell number(s) and/or best number(s)	:	Texting okay?
Student's Birthday (include year):	Grade 2024/25 school year: School Attending 2024/25:	
MY CHILD WILL ATTEND THE FOLI		WE WOULD LIKE TO
• •	Day AM: 9:00 am to 12:30 pm • Half Day PM: 1:00 pm to 4:30 pm	KNOW How did you hear about
WEEK 1 (June 10 to 14)		our art workshops?
☐ Full Day (\$415*/\$445)	\\\(\phi_240\right\)\\\(\phi_240\right\)\\\\(\phi_240\right\)\\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\\\(\phi_240\right\)\(\phi_240\right\)\(\phi_	☐ Camp Fair/Parent Mag. ☐ Friend referral
* ` *	on) ($\$240*/\265) \square PM only (<i>Comic Book Design</i>) ($\$240*/\265	Direct email
WEEK 2 (June 17 to 21)		☐ FAM website
☐ Full Day (\$415*/\$445)		☐ Facebook /Instagram
	<i>What You See</i>) (\$240*/\$265) □ PM only (<i>Print It!</i>) (\$240*/\$265)	Returning student
WEEK 3 (June 24 to 28)		☐ Other

NOT A FAMILY MEMBER? Join FAM now and receive the member discount.

To check on your membership status email Hamilton at hamilton@fresnoartmuseum.org. All membership levels enjoy prin benefits: personalized membership card, free museum admission, free admission to Opening Receptions, discount and some events, and 10% discount in The Museum Store every day for one year.

Select One:

□ \$75 FAMILY MEMBERSHIP

WEEK 4 (July 29 to August 2)

WEEK 5 (August 5 to 9)

Primary membership benefits for two adults and children up to age 18, discounts on ArtAcademy and workshops, and four guest passes

□ \$150 CONTRIBUTING MEMBER (NORTH AMERICAN RECIPROCAL MUSEUM ASSOCIATION) https://narmassociation.org/ Includes all primary membership and Family member level benefits listed above for one year plus your FAM membership card with NARM logo gains free or reduced admission to nearly 1,400 museums throughout North America and discounts in their museum shops; six guest passes.

☐ I am interested in supporting the Museum at higher levels or upgrading my current membership. Please contact Hamilton at the email listed above to discuss other options to support FAM exhibitions and programming.

□ I enclose the membership fee with my check OR □ Please charge my card for the workshops and membership level selected above.

PAYMENT INFORMATION					
Total payments enclosed or to be charged: \$					
☐ Check enclosed (Please make payable to Fresno Art Museum) ☐ Cash					
☐ Charge my Credit Card ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover					
Card No:		Exp:			
Billing Zip code:	CVV code:	(3 digits)			
Name on Card (if different from parent/guardian name above):					
Signature (required if using credit card):					



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EMERGENCY INFO

Emergency Contact:	Relationship to Child:
Phone No(s).:	
Doctor/Medical Group:	Phone No. :
Only release my child to the following peop	ole:
Food allergies: □ peanuts □ other foods: _	Other allergies:
☐ My child has no known allergies Are there other medical issues we should kn	now about? ☐ No ☐ Yes (if yes, please describe):
Should our Museum staff be aware of anyth	uing else?
child cannot be accommodated in another works fund a scholarship for a child that cannot otherw • If the workshop is cancelled by FAM because of no refund for missed days by the student. FAM a workshop sessions. If any cancellation by FAM nonrefundable, and memberships are good for or FAM has the right to substitute the instructor w • I understand that disruptive, violent, or otherwithome if such behavior occurs at any time, without waiver and refer has a substitute the instructor we have behavior occurs at any time, without waiver and refer has a substitute the instructor we have behavior occurs at any time, without waiver and refer has a substitute the instructor we have behavior occurs at any time, without waiver and refer has a substitute the instructor of the refer has a substitute the instructor of the mode of the substitute the instructor have had their first the family of the mode of the mode of the substitute that we will use them, please let us known as signs and transferees to copyright, use, and put	of low enrollment or another unforeseen situation, all fees paid in advance will be refunded. There is also has the right to offer make-up days if unforeseen circumstances require the canceling of any is necessary, every attempt will be made to give prior notice. Please note that membership fees are ne year. with an equally skilled instructor, if necessary. is inappropriate behavior will not be tolerated by the FAM staff, and that my child may be sent ut refund. ne, if I cannot be contacted or if a life-saving action must be taken immediately, according to their ical attention. I loss and property during my minor child's participation in the FAM workshop at the Fresno Art poloyees, instructors, and volunteers from any claims or liability, damage, or loss which may be FAM, its agents, employees, directors, instructors, and volunteers while participating in said program ingerprints submitted to the California Department of Justice (DOJ) and have been cleared to work dentification System (AFIS) and National Transaction Management System (NATMS). dia may take photographs or videos of events at the Museum, including classes. Although there is no ow if we have your permission, as follows: I grant to the Fresno Art Museum, its representatives, an of my child and their artwork (in progress or complete). I authorize the Fresno Art Museum, its blish the same with or without our names and for any lawful purpose, including publicity, tered for the art workshop, videos and still photos will be taken. Copyright in any of the art remains
Signature of Parent/Legal Guardian of Minor Relationship to student:	Date

MAIL OR DELIVER COMPLETED FORM AND PAYMENT TO FRESNO ART MUSEUM, 2233 N. FIRST ST., FRESNO, CA 93703