

REGISTRATION FORM

Please use one registration form per child.

Student's Name _____
 Date of Birth ___/___/___ Entering Grade 1 2 3 4 5 6 7 8
 Street Address _____ City, State and
 Zip _____
 Student's School _____
 Custodial Parent's Name _____ Phone (h) _____
 (c) _____ Email _____
 Emergency Contact Person _____ Emergency Phone _____

What else should we know about your child to ensure a pleasant camp experience?
 Allergies _____ Chronic conditions _____ Medication _____
 Learning challenges _____ Other _____

OMA Member (circle one): yes no

Get a discount on workshop registration by becoming a Member of the Orlando Museum of Art!

One Year: Dual/Family (\$80) _____ Individual (\$55) _____

Programs Desired:

Date	Time	Title	Firing/Materials Fee	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Early Drop Off (\$25 per week, per child, 8-9am) ___ yes ___ no
 Late Pick Up (\$25 per week, per child, 4-5:15pm) ___ yes ___ no

Totals:

Total Firing Fee \$ _____
 Total Materials Fee \$ _____
 Total Tuition \$ _____
 Total Early Drop Off \$ _____
 Total Late Pick Up \$ _____
 Total Membership Fee \$ _____

Sibling/Group Discount - \$ _____
Multi-week Discount - \$ _____
Grand Total \$ _____

Credit Card # _____
PRINT Cardholder's Name _____
Expiration Date _____ Security Code _____
Cardholder's Signature _____
Billing Address Associated with Credit Card _____

Please fill out the registration form above and mail it to us with your payment as soon as possible. We process registrations as we receive them. We will notify you if the sessions you have requested are full or do not meet the minimum number to hold the class. Mail your registration to: Orlando Museum of Art, Education Department, 2416 North Mills Avenue, Orlando, FL 32803 or fax to 407-896-9920.