

YOUTH PROGRAMS / SPRING PORTFOLIO DEVELOPMENT REGISTRATION

STUDENT INFORMATION

ETHNICITY SURVEY

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Non-USA Resident | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Other | <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Multi-ethnic | | <input type="checkbox"/> I do not wish to report | |

Student Name

Grade (Fall '18)

Nickname/Preferred Name

Date of Birth

Student Email

Gender M / F / NB

Parent/Guardian Name

If your gender identity is different than the sex you indicated above, please feel free to describe your gender identity here.

Parent/Guardian Email

Parent/Guardian Mobile Contact Number

Parent/Guardian Contact Number 2

School Attending

Address

Art Teacher

City/State/Zip

Art Teacher Email

Student Cell/Mobile Number

School Address

SPRING PORTFOLIO DEVELOPMENT

MAR 1 – MAY 3, 2019
NO CLASS APRIL 19

FRI, 4:30PM–7:30PM
GRADES 9–12

PROGRAM COST: \$510

Please select one class.

Observational Drawing GRADES 9–12

Visual Thinking GRADES 9–12

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BILLING AND PAYMENT

Student Name

BILLING INFORMATION (PARENT/GUARDIAN)

Name

Address

City/State/Zip

AGREEMENT

The signed registration indicates that the parent/guardian is responsible for all financial costs incurred by the student while at Massachusetts College of Art and Design. I certify that all information provided is true.

Parent/Guardian Signature

Date

SCHOLARSHIPS

I am requesting a scholarship and have enclosed a \$25.00 payment. I have included a letter of support from my art teacher (or school principal) and my family financial information is below.

Annual Household Income

Number of Family Members

I would like to pay my scholarship deposit by credit card. Please send me a link via email to pay online.

PAYMENT

Please enclose your check or money order payable to Massachusetts College of Art and Design (MassArt).

If you would like to pay the course fee by credit card, please check the box below. Once your application has been processed, you will receive an email with a link to our secure payment system.

I would like to pay by credit card. Please clearly write the email address of the person responsible for payment:

Email

**REGISTRATIONS MISSING PARENT/GUARDIAN SIGNATURES OR DEPOSITS
ARE CONSIDERED INCOMPLETE**

**BE SURE TO CHECK THAT ALL FIELDS ARE COMPLETE BEFORE SUBMITTING
YOUR REGISTRATION FORMS**

Fax your completed registration to:
617-879-7171

Attn: Youth Programs Coordinator

or

Email completed registration to:
k12@massart.edu

or

Mail completed registration to:
Youth Programs
Massachusetts College of Art and Design
621 Huntington Ave.
Boston, MA 02115