



# Museum of Children's Arts: Weekend Class Registration

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ENROLLMENT INFO: 10:00am-1:00pm

Day	Attending
4/15	<input type="checkbox"/> Yes
4/22	<input type="checkbox"/> Yes
4/29	<input type="checkbox"/> Yes
5/6	<input type="checkbox"/> Yes
5/13	<input type="checkbox"/> Yes

### FEES:

	1 class (\$25):	
	OR	5 day week (\$100):
		Total:

To enroll, we require a 50% deposit by check, in-person, or credit card:

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Security code \_\_\_\_\_ Zip \_\_\_\_\_

Check # \_\_\_\_\_  Cash \_\_\_\_\_ Date: \_\_\_\_\_

Return this form, along with an emergency form to:

MOCHA Attn: Weekend Classes  
1625 Clay St, Suite 100, Oakland, CA 94612  
or email: registrar@mocha.org