

PLEASE PRINT CLEARLY

### PERSONAL INFORMATION

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Student First Name M.I. Last Name Suffix (Jr, Sr, III) Date of Birth (mm/dd/yyyy)

			Gender (please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	
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Grade Expected H.S. Graduation Date School

Which category best describes your race? (check one):

- African American/Black     Hispanic/Latino     Asian/Pacific Islander     White     Native American/Alaskan Native  
 Multiethnic (please specify) \_\_\_\_\_     Other (please specify) \_\_\_\_\_

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Home Address Apt. City State Zip Code

( ) -	( ) -	
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Home Phone Student Cell Phone Student E-mail address

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Primary Parent/Guardian Name M.I. Last Name Suffix (Jr, Sr, III)

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Parent Home Address (if different) Apt. City State Zip Code

( ) -	( ) -	
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Work Phone Parent Cell Phone Parent E-mail address

	( ) -
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Alternate Contact (in case of emergency) Phone Number

How did you find out about Marwen?     Friend     Parent     Relative     Teacher     A presentation by someone from Marwen     Other \_\_\_\_\_

Do you take out-of-school art courses anywhere other than Marwen?     Yes     No    If yes, where? \_\_\_\_\_

### STATEMENT OF ELIGIBILITY - IMPORTANT, PLEASE READ.

For admission into Marwen's programs, the student must meet EACH of the following criteria. As the parent or guardian of the student named on the front of this registration form, you must place your initials in the box to the left of each criterion to confirm your understanding and agreement. If you have questions or concerns regarding any of the criteria please contact Marwen.

*My son/daughter/charge, named above, wishes to apply for admission to Marwen and I, the undersigned, attest that they are eligible and qualify for Marwen's programs because he/she:*

- lives within the city limits of Chicago
- is a student in grades 6-12
- is under-served, that is, our family cannot afford to pay for art courses elsewhere
- is capable of independently making art for a duration of up to 3 hours
- is self-electing to attend Marwen courses and actively participate in course activities

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

**CONSENT AND RELEASE AGREEMENT**

*I consent to interview(s), and photography, videotaping of myself or depicting my artwork and its/their release, publication, exhibition, or reproduction to be used for public relations, news articles, telecasts, press releases, or education, advertising, research, inclusion on the Marwen website, fundraising, or any other purpose by Marwen and/or its affiliates. I release Marwen, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publication of said interviews, photographs, slides, computer images, videotapes, sound recordings or any other media representation. I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose of sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or film rental is charged. I also waive any right to inspect or approve any photo, video, film, or any other media representation taken by Marwen or the person or entity designated by it. I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*As the parent and/or legal guardian of the student identified above, I approve of the terms set forth in this agreement.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Email

**REGISTRATION**

You may take up to **three courses** per term and unlimited workshops. Courses fill quickly so please list an alternate choice at the bottom in case your first choice is full. *Please do not register for courses and workshops that occur at the same time.*

Course Name (first choices)

Workshops

#1: \_\_\_\_\_

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#3: \_\_\_\_\_

Alternate Choice (please sign me up for this if my first choice is full)

Workshop Alternates

ALT #1 .....

ALT #1 .....

ALT #2 .....

ALT #2 .....

ALT #3 .....

ALT #3 .....

**SPECIAL NEEDS AND CONSIDERATIONS**

What special needs or considerations should Marwen staff know about this student prior to enrollment?

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

*Place Labels Here*