

Maui Academy of Performing Arts ~ MAPA

2050 Main Street, Suite 3G, Wailuku HI 96793 | p: 244-8760 | f: 244-6530
 register@mauiacademy.org | www.mauiacademy.org

Student Last Name, First

2019 - 2020 Information Form

<p>Student 1</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Student Email: <input style="width: 100%;" type="text"/></p>	<p>Student 2</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Student Email: <input style="width: 100%;" type="text"/></p>	<p>Student 3</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Grade: <input style="width: 100%;" type="text"/> Age <input style="width: 100%;" type="text"/></p> <p>School: <input style="width: 100%;" type="text"/></p> <p>DOB: <input style="width: 100%;" type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Student Email: <input style="width: 100%;" type="text"/></p>
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Mailing and email addresses for all correspondence from MAPA

Address:

City:

State: Zip:

Parent Email:

For Office Use Only:

QB

Total Info

We do not share our email list with other organizations.

Student(s) Live with: Both Parents Mother Father Other:

<p>Primary Contact</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Self</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Place of Work: <input style="width: 100%;" type="text"/></p> <p>Home phone: <input style="width: 100%;" type="text"/></p> <p>Cell phone: <input style="width: 100%;" type="text"/></p> <p>Work phone: <input style="width: 100%;" type="text"/></p>	<p>Other Contact (optional)</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> _____</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Place of Work: <input style="width: 100%;" type="text"/></p> <p>Home phone: <input style="width: 100%;" type="text"/></p> <p>Cell phone: <input style="width: 100%;" type="text"/></p> <p>Work phone: <input style="width: 100%;" type="text"/></p>
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<p>Emergency Contact (if primary contacts are unavailable)</p> <p>Last: <input style="width: 100%;" type="text"/></p> <p>First: <input style="width: 100%;" type="text"/></p> <p>Relationship: <input style="width: 100%;" type="text"/></p> <p>Phone: <input style="width: 100%;" type="text"/></p>	<p>Doctor name: <input style="width: 100%;" type="text"/></p> <p>Facility: <input style="width: 100%;" type="text"/></p> <p>Phone: <input style="width: 100%;" type="text"/></p>
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Medical or Special Needs (please list any medical or special needs we should be aware of regarding your child(ren)):

To help us comply with County, State, and Federal Grant reporting, please check the box in each category that you most identify with(optional).Mahalo for your kokuu.

<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other</p>	<p>Residence</p> <p><input type="checkbox"/> Central Maui <input type="checkbox"/> East Maui</p> <p><input type="checkbox"/> Upcountry <input type="checkbox"/> West Maui</p> <p><input type="checkbox"/> South Maui <input type="checkbox"/> Other</p>
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How did you hear about us?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Email
<input type="checkbox"/> MAPA Playbill	<input type="checkbox"/> Website
<input type="checkbox"/> Maui Family Magazine	<input type="checkbox"/> Online Search
<input type="checkbox"/> On Maui Magazine	<input type="checkbox"/> Facebook
	<input type="checkbox"/> Other:



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