



Whistler House Museum of Art Youth Summer Art Program 2024 Info Sheet and Registration Form

The Youth Summer Art Program is open to children grades 5 to 8, ages 10 to 14 years. Each week-long session focuses on a different art form and combines exciting hands-on creation with museum tours and art history discussions, connecting real works of art with the day's activity. Professional artists and educators will direct creative and age-appropriate activities using a variety of media and the museum's historic house, Parker Gallery, and in the adjacent Whistler Park. Local visiting artists will come to speak about their works in the week's featured medium.

Week 1: July 8 to July 12

Week 2: July 15 to July 19

Week 3: July 22 to July 26

Week 4: July 29 to August 2

Drawing

Painting

Printmaking & Collage

Sculpture

Classes will take place Monday through Friday from 9:00 AM to 12:00 Noon.

The class fee for any of the sessions is **\$175 for one week per student**. Students can participate in one, two, three, or all four weeks. The program fee includes professional materials, as well as a Whistler House Museum of Art painting smock. Healthy snacks and drinks will be provided each day. All instructors are CORI certified.

For more information, call the Whistler House Museum of Art at 978-452-7641.



Whistler House Museum of Art Youth Summer Art Program 2024 Info Sheet and Registration Form

Child's Name: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Emergency Contact: _____

Contact's Day Phone: _____

Parent/Guardian's Email: _____

List Allergies: _____

Which session(s) will your child attend? (circle all that apply):

Week 1

Week 2

Week 3

Week 4

Total Amount Paid: _____

Type (circle one): PayPal (Online) Check (Enclosed) Credit Card (call museum)

**Please return completed form with payment to:
Whistler House Museum of Art, 243 Worthen Street, Lowell, MA 01852**

**You can pay via credit card by calling the Museum at 978-452-7641 or through
PayPal at whistlerhouse.org.**



Whistler House Museum of Art Youth Summer Art Program 2024 Minor Release Form

I hereby grant the Whistler House Museum of Art/Lowell Art Association, Inc., (hereinafter referred to as “WHMA”), permission to use my child’s likeness or voice and/or my child’s art work(s) in a photograph, video or digital media (hereinafter referred to as “Material”) in any and all of its publications, promotional materials and press releases including website and social media entries.

I understand and agree that these Materials are the property of the WHMA.

I hereby irrevocably grant the WHMA complete ownership of the Material and acknowledge that WHMA shall have the exclusive right to license and use the Material as the WHMA wishes, including, but not limited to, the rights of copying, performance, display, reproduction and distribution in all media and the right to create, perform, display and distribute derivative works of the Material.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy wherein my child’s Material appears. Additionally, I waive any right to any compensation arising or related to the use of the Material. The WHMA will not publish your child’s first or last name, address, phone numbers, or other information protected by federal regulations.

I hereby hold harmless and release and forever discharge the WHMA from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my/my child’s behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release and before signing below, I fully understand the contents, meaning and impact of this release.

I hereby certify that I am the parent or guardian of _____ and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian Signature)

(Date)

APPENDIX C

SELF-DECLARATION OF INCOME REPORT / FY2024-2025

(Effective April 1, 2024)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code:

2. ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

3. RACE (please select only one):

White American Indian/Alaskan Native *and* White
Black/African American Asian *and* White
Asian Black/African American *and* White
American Indian/Alaska Native American Indian/Alaskan Native *and* Black/African American
Native Hawaiian/Other Pacific Islander Other Multi-Racial: _____

4. HOUSEHOLD INFORMATION:

- 1) Circle the number of family and non-family members living in your household below.
- 2) Circle the corresponding income level. Note: Does not need to be on same row as number of household size ~ should be accurate yearly household income.

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1	\$0-\$28,900	\$28,901-\$48,150	\$48,151-\$68,500	\$68,501+
2	\$0-\$33,000	\$33,001-\$55,000	\$55,001-\$78,250	\$78,251+
3	\$0-\$37,150	\$37,151-\$61,900	\$61,901-\$88,050	\$88,051+
4	\$0-\$41,250	\$41,251-\$68,750	\$68,751-\$97,800	\$97,801+
5	\$0-\$44,550	\$44,551-\$74,250	\$74,251-\$105,650	\$105,651+
6	\$0-\$47,850	\$47,851-\$79,750	\$79,751-\$113,450	\$113,451+
7	\$0-\$51,150	\$51,151-\$85,250	\$85,251-\$121,300	\$121,301+
8	\$0-\$54,450	\$54,451-\$90,750	\$90,751-\$129,100	\$129,101+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____

Date: _____

APPENDIX C

**FORMULARIO DE INFORME DE VERIFICACIÓN DE INGRESOS
FY2025 (1 de Julio de 2024 – 30 de Junio de 2025)**

Las regulaciones federales requieren que obtengamos esta información para documentar que se está proporcionando asistencia de subvención a hogares de ingresos bajos y moderados. El Participante/Tutor debe completar este formulario indicando a todas las personas que residen dentro de su hogar, independientemente de si están o no emparentados. El Subreceptor (Concesionario) debe conservar este formulario para los requisitos de informes mensuales, así como para las visitas de monitoreo en el sitio.

A INFORMACIÓN PROPORCIONADA EN ESTE FORMULARIO SE MANTIENE CONFIDENCIAL Y NO SE COMPARTE CON NINGUNA OTRA AGENCIA

1. ESTATUS DEL PARTICIPANTE: Hogar INDIVIDUO

Nombre del participante _____

Dirección: _____ Ciudad, estado, código zip:

2. ETNIA (seleccionar sólo una):

Hispanico o Latino No Hispanico

3. RAZA (seleccionar solo):

Blanco Indio americano/nativo de Alaska y blanco
Negro/Americano-africano Asiático y blanco
Asiático Negro/Americano-africano y blanco
Indio americano/nativo de Alaska Indio americano/nativo de Alaska y negro/americano-africano
Nativo de Hawaii/de otras Islas del Pacifico Otras multi razas: _____

4. INFORMACIÓN DEL HOGAR:

1) Marque el nivel de ingresos correspondiente por tamaño de hogar. (Ingresos familiares medios FY2025)

Númerodemiembros en el hogar	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1	\$0-\$28,900	\$28,901-\$48,150	\$48,151-\$68,500	\$68,501+
2	\$0-\$33,000	\$33,001-\$55,000	\$55,001-\$78,250	\$78,251+
3	\$0-\$37,150	\$37,151-\$61,900	\$61,901-\$88,050	\$88,051+
4	\$0-\$41,250	\$41,251-\$68,750	\$68,751-\$97,800	\$97,801+
5	\$0-\$44,550	\$44,551-\$74,250	\$74,251-\$105,650	\$105,651+
6	\$0-\$47,850	\$47,851-\$79,750	\$79,751-\$113,450	\$113,451+
7	\$0-\$51,150	\$51,151-\$85,250	\$85,251-\$121,300	\$121,301+
8	\$0-\$54,450	\$54,451-\$90,750	\$90,751-\$129,100	\$129,101+

Certifico que la información anterior es verdadera y correcta a mi leal saber y entender, bajo pena de perjurio de las leyes de los EE. UU.

Participante/tutor _____ Fecha: _____

(Se requiere la firma original)

Las reglamentaciones federales requieren que obtengamos esta información para documentar la asistencia a los hogares de ingresos bajos y moderados. Los participantes/tutores deben completar este formulario indicando a todas las personas que residen dentro de su hogar, independientemente de si están relacionadas o no. El beneficiario debe conservar este formulario para los requisitos de informes mensuales, así como las visitas de control en el propio lugar.