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ArtCenter for Kids Registration Form

REGISTER ONLINE artcenter.edu/kids

MAILING ADDRESS P.O. Box 7197 Pasadena, CA

STUDENT ID#_

91109-7197

Middle

FAX 626 396-4219

Are you a returning student? Yes No

Last name

Parent or guardian signature

Address				City	
State	ZIP	Phone		Email	
Social Security Number	r	Birth date (required)		Grade	
INFORMATION Male Female	Are you Hispanic or Latino? • Yes • No	Select one or more from the following cat American Indian/Alaska Native Native Hawaiian/Other Pacific Islander		Asian Black/African American	
In the past two y	ears, have you or anyone in you No	ur household qualified Decline to state	for the "Free or Redu	ced Price Lunch Prog	ram" at your school?
CLASSES		SUMMER 2017	• FALL 2017	 SPRING 2018 	
KID-					\$
Class number & title		Sundays	Summer Workshops		
Please list secon	nd and third choices, should yo	our first choice be und	available.		\$
Class number & title KID -		Sundays	Summer Workshops		\$
Class number & title		Sundays	Summer Workshops		\$ TOTAL
PAYMENT		Check enclosed	• Visa • Maste	erCard • American	
Credit card number		Expiration date	Security code	Name on card	
Billing address (if diffe	rent from address above)			Cardholder signature	
SCHOLAR		ying for a scholarship. ceived an ArtCenter fo			_ (list term/year).
Gross annual househo	ld income: How much did your family earn	last year? (required)		Number of family members	in household (required)
SPECIAL INVIT	ATION TO PARENTS				
		Parent's name		Birth date (required)	
1st choice class numbe	r Title			Total materials fee	\$30 \$45
2nd choice class number	er Title			Total materials fee	\$30 \$45
	nts (paying students or scholarship applic d or your check will be returned if the clas				class of your choice.
EMERGEN	CY INFORMATION	Emergency contact person	1	Phone	
W. P. J.				Deltamanha	
Medical insurance		Name of insured		Policy number	
x-ray examination and is understood that this deem advisable. It is un withheld if the undersig provided services to the	by authorizes the officers, teachers, empi surgical diagnosis and any medical or su authorization is given in advance to prov iderstood that effort may be made to cor gned cannot be reached, or if it is not fea be above student to surrender physical cu r, its officers, teachers, employees, and a	rgical procedure, including, by ide authority and power to reto ntact the undersigned prior to sible to attempt to contact the ustody of such student to an Ar	ut not limited to, the administra nder care that the attending p orendering treatment to the poor e undersigned. The undersigne ortCenter representative upon	ation of anesthetic necessary physician, in the exercise of his atient, but that any of the abc ad authorizes any hospital or I completion of treatment. The	in a medical emergency. It s or her best judgment, may we treatment will not be nealth care provider that has a undersigned hereby waives
Parent or guardian signature		Relationship to student		Date	

NAME AND LIKENESS RELEASE By enrolling [my son,daughter or myself] in educational programs at ArtCenter College of Design, I acknowledge and agree that I (my son, daughter or myself) may be filmed, taped, photographed or otherwise recorded while at ArtCenter and/or participating in activities relating to ArtCenter. I therefore agree that my (son,daughter or my own) name, likeness and image recorded while at ArtCenter may be used by ArtCenter in connection with publicity and promotion for ArtCenter in any media or format, throughout the world. Agreed to and accepted by:

Printed name

LETION

Instant Enrollment—Priority Online Registration

You may register online at artcenter.edu/kids. The online form may be used only if you are paying tuition by credit card. Visa, MasterCard, Discover and American Express are accepted.

Registration by Mail or in Person

Complete the form at right, which must be signed by a parent or guardian. See below for delivery/payment options.

Registering by Mail

Please send the completed form and payment to:

ARTCENTER FOR KIDS REGISTRATION P.O. Box 7197 Pasadena. CA 91109-7197

Registering in Person

During office hours, submit the completed registration form and payment to:

PUBLIC PROGRAMS 950 South Raymond Avenue, Pasadena

Public Programs office hours: Monday-Thursday: 10 am-9 pm Friday: 9 am-5 pm

The office is closed on weekends and major holidays.

Paying by Credit Card

Visa, MasterCard, Discover and American Express are accepted. Fax your registration form to 626 396-4219 and call 626 396-2319 to confirm its receipt.

Paying by Check or Money Order

Attach a check or money order in the exact amount payable to "ArtCenter College of Design." Payment in full must accompany your child's registration. Cash cannot be accepted.

Confirmation of Registration

Online registration will be confirmed via the website. In-person, faxed or mailed registration will be confirmed by mail.

Late Registration

Late registration is held the first day of classes at the Ahmanson Auditorium at the College's Hillside Campus at 1700 Lida Street in Pasadena from 11:30 a.m. to 1p.m.

ARTCENTER'S OTHER PUBLIC PROGRAMS

ArtCenter at Night artcenter.edu/acn

ArtCenter's continuing studies program— ArtCenter at Night—is ideal for students, adult learners and practicing professionals who want to refine existing skills or learn new ones.

ArtCenter for Teens artcenter.edu/teens

ArtCenter for Teens gives high school students (grades 9–12) an opportunity to explore a variety of creative disciplines and study with a faculty of artists and designers who import the relevance of professional practice into the classroom.

Summer Institute for Teachers artcenter.edu/teachers

ArtCenter College of Design presents the Summer Institute for Teachers for K–12 educators in all subjects every summer. Design as a problem-solving tool provides practical techniques and activities to prepare for teaching K–12 Common Core Standards and Performance-Based Assessment. Professional growth credit available.

