

acxkids registration form

REGISTER ONLINE
artcenter.edu/kids

Are you a returning student? Yes No

Last name		First	Middle
Address			City
State	ZIP	Phone	Email
Social Security Number		Birth date (required)	Grade

INFORMATION Are you Hispanic or Latino?

Male Yes
 Female No

Select one or more from the following categories:

American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White Decline to state

In the past two years, have you or anyone in your household qualified for the "Free or Reduced Price Lunch Program" at your school?

Yes No Decline to state

CLASSES

SPRING 2024 SUMMER 2024 FALL 2024

ACK-			\$
Class number and title	<input type="radio"/> Sundays	<input type="radio"/> Summer Workshops	

Please list second and third choices, should your first choice be unavailable.

ACK-			\$
Class number and title	<input type="radio"/> Sundays	<input type="radio"/> Summer Workshops	

ACK-			\$
Class number and title	<input type="radio"/> Sundays	<input type="radio"/> Summer Workshops	

\$
TOTAL

PAYMENT

Payments are made through the Student Finance Dashboard at <https://inside.artcenter.edu/dashboard/main>. Registration is not finalized until payment has been made. Failure to pay will result in the removal of the class

SCHOLARSHIP

- My child is applying for a scholarship. No payment is enclosed.
 I previously received an ACX Kids scholarship on _____ (list term/year).

Gross annual household income: How much did your family earn last year? (required) _____ Number of family members in household (required) _____

EMERGENCY INFORMATION

Emergency contact person		Phone
Medical insurance	Name of insured	Policy number

The undersigned hereby authorizes the officers, teachers, employees, or agents of ArtCenter College of Design to consent to any diagnostic procedure, including, but not limited to, x-ray examination and surgical diagnosis and any medical or surgical procedure, including, but not limited to, the administration of anesthetic necessary in a medical emergency. It is understood that this authorization is given in advance to provide authority and power to render care that the attending physician, in the exercise of his or her best judgment, may deem advisable. It is understood that effort may be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached, or if it is not feasible to attempt to contact the undersigned. The undersigned authorizes any hospital or health care provider that has provided services to the above student to surrender physical custody of such student to an ArtCenter representative upon completion of treatment. The undersigned hereby waives and releases ArtCenter, its officers, teachers, employees, and agents from any and all liability in connection with the exercise or non-exercise of the consent herein.

Parent or guardian signature _____ Relationship to student _____ Date _____

NAME AND LIKENESS RELEASE By enrolling [my child or myself] in educational programs at ArtCenter College of Design, I acknowledge and agree that I (my child 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 (my child 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:

Parent or guardian signature _____ Printed name _____