

# 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

- SUMMER 2022  FALL 2022  SPRING 2023

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

## PAYMENT

- Check enclosed  Visa  MasterCard  American Express  Discover

|   |                 |               |                      |
|---|-----------------|---------------|----------------------|
| Credit card number                                | Expiration date | Security code | Name on card         |
| Billing address (if different from address above) |                 |               | Cardholder signature |

## 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) \_\_\_\_\_

## SPECIAL INVITATION TO PARENTS

|                         |       |                       |   |
|-------------------------|-------|-----------------------|---|
| Parent's name           |       | Birth date (required) |   |
| <b>ACK-</b>             |       | Total materials fee   | <input type="radio"/> \$30 <input type="radio"/> \$45 |
| 1st choice class number | Title |                       |   |
| <b>ACK-</b>             |       | Total materials fee   | <input type="radio"/> \$30 <input type="radio"/> \$45 |
| 2nd choice class number | Title |                       |   |

\*Parents of ALL students (paying students or scholarship applicants) must include a materials fee payment by check or credit card to be enrolled in the class of your choice. You will not be charged or your check will be returned if the class is unavailable or if your child does not receive a scholarship.

## 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 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:

|                              |              |
|------------------------------|--------------|
| Parent or guardian signature | Printed name |
|------------------------------|--------------|