

Instant Enrollment— Priority Online Registration

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

Or Complete the Form at Right

If you are under age 18, you must have a parent's or guardian's signature. See below for delivery and payment options.

If **registering by mail**, please send this completed form and payment to:

ArtCenter for Teens Registration
P.O. Box 7197
Pasadena, CA 91109-7197

If **registering in person**, submit the completed registration form and payment during office hours to:

Public Programs
950 S. Raymond Ave.
Pasadena, CA 91105

Public Programs office hours are Monday through Thursday, 10 a.m. to 9 p.m. and Friday, 9 a.m. to 5 p.m. The office is closed on weekends and major holidays.

If **paying by credit card**, American Express, Visa, MasterCard and Discover are accepted. You may fax your registration form to 626 396-4219. Please call 626 396-2319 to confirm receipt of your fax.

If **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 registration. Cash can't be accepted.

If Applying for a Scholarship

Submit the completed registration form and additional required materials by mail or in person to the Public Programs office. See page 29 for more information. You cannot register online if applying for a scholarship.

Confirmation of Registration

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

Late Registration

Late registration will be held on the first day of classes at the Public Programs office from 8 a.m. to 1 p.m. at South Campus, 950 S. Raymond Ave., Pasadena.

ArtCenter for Teens Parents

Wondering what to do while your teen is in class? ArtCenter's continuing education program for adults, ArtCenter at Night, offers a variety of classes on Saturdays. Please visit artcenter.edu/acn for more information.

Registration

ArtCenter for Teens Registration Form

Register Online:
artcenter.edu/teens

Mailing Address:
P.O. Box 7197
Pasadena, CA
91109-7197

Fax:
626 396-4219

Are you a returning student? Yes No

Last name	First	Middle	
Address		Apt no.	
City	State	ZIP	
Phone	Email		
Social Security Number	Birth date <i>(required)</i>		
High school and city	Art teacher	Grade	Graduation year

INFORMATION

- Male
 Female

Are you Hispanic or Latino?

- Yes
 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 2019

FALL 2019

SPRING 2020

SHS -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
SHS -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
<i>Please list an alternate choice should one of your choices become unavailable.</i>				
SHS -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
				\$
				TOTAL

Payment

- Check enclosed Visa Mastercard American Express Discover

Credit card number	Expiration date	Security code	Name on card
Billing address <i>(if different from address above)</i>			Cardholder signature

Scholarship Applicants Only

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

- Yes No
 Yes No
 Yes No
 Yes No

I am applying for a scholarship. No payment is enclosed.
I have previously attended an ArtCenter for Teens class.
I am submitting samples of work.
(required for all previous ArtCenter for Teens students)
I am submitting a letter of recommendation.
(not required if you are submitting samples of your work)

Emergency Information

Emergency contact person	Phone	Student physician's 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.

NAME AND LIKENESS RELEASE By enrolling my son or daughter in educational programs at ArtCenter College of Design, I acknowledge and agree that my son or daughter 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 or daughter's 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 and relationship to student	Parent or guardian signature	Date
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