

acxteens registration form

Register Online:
artcenter.edu/teens

Are you a returning student? Yes No

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

INFORMATION

Are you Hispanic or Latino? Yes No

Select one or more from the following categories:

Male American Indian/Alaska Native Asian Black/African American

Female 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 2023 SUMMER 2023 FALL 2023

ACT -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
ACT -				\$
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>				
ACT -				\$
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 (if different from address above)			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)
<input type="radio"/> Yes <input type="radio"/> 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 ACX Teens students) I am submitting a letter of recommendation. (not required if you are submitting samples of your work)
<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Yes <input type="radio"/> No	

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 child in educational programs at ArtCenter College of Design, I acknowledge and agree that my child 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:

Printed name and relationship to student	Parent or guardian signature	Date
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