

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 Female American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Asian White Black/African American 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

ACT-				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
Please list second and third choices, should your first choice be unavailable.				
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	
				\$
				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 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.
<input type="radio"/> Yes	<input type="radio"/> No	I have previously attended an ArtCenter for Teens class.
<input type="radio"/> Yes	<input type="radio"/> No	I am submitting samples of work (required for all previous ACX Teens students).
<input type="radio"/> Yes	<input type="radio"/> No	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 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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