



Digital Drawing Teen: Intro Rising 8th - 12th Graders Registration Form 2026

ID G0

Student 1 Name: _____ Gender _____ DOB / / _____ Grade in Fall 2026:
Current US Arts weekly art class student? Yes No

Student 2 Name: _____ Gender _____ DOB / / _____ Grade in Fall 2026:
Current US Arts weekly art class student? Yes No

(Current US Arts students can skip the following section.)

Address _____ City _____ State _____ Zip Code _____

(Can take 2 addresses, please include the student's email address here)

E-mail: _____

Mother's Name _____ Mother's Cell Phone (_____) _____ - _____

Father's Name _____ Father's Cell Phone (_____) _____ - _____

CLASS PRICE INFORMATION			Payments	
Dates	Tuition + Technical Fees	Add Fee (<i>If using a credit card. Can only use credit card in-person.</i>)	Student 1	Student 2
July 20 - July 24, 2026	\$495 + \$45 (\$540)	\$12		
Extended care (if needed)	\$50	\$0		
TOTAL:				

* NOTES

- All classes will be held in the **VIENNA location**.
- Schedule: July 20, 2026 - July 24, 2026, 9:30AM ~ 3:30PM
- We will provide hardware and software for the program.
- **Early discount: -\$50/student if registered before March 29th. After March 29th you do not receive an early discount.**
- Payment via check/cash/online/credit card (in-person payment) is needed to reserve a space for your child. No exceptions.

Payment by checks: write & mail checks to: US Arts Center

Payment from online: www.USArtsCenter.com -> Parents -> Pay Fees Online -> Pay @ Vienna For online payment, parents need to forward the payment confirmation to USArtsVienna@gmail.com

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- In case of emergency, we, USARTS Center, have the authority to search for emergency care for the kids listed above.
- **No refunds for absences.** [Detailed Cancellation Policy found on website.](#)
- Absences: For regular US Arts students, you may report absences for these classes and makeup in any *regular classes*. **Please contact the Vienna office to schedule your makeup.**
- I hereby waive all rights and claims against the US ARTS Center and its team members for any liability resulting from my child's participation in any events organized by the US ARTS Center.

Parent/Guardian Signature _____

Date / /2026

FOR OFFICE USE ONLY				
Date	Amount Paid	Check #	Balance	Processed By