



Creative Multimedia
Registration Form 2025
Rising 3rd - 7th Graders

ID G0

Student 1 Name: _____ Gender ____ DOB____/____/____ Grade in Fall 2025: ____
Current US Arts weekly art class student? Yes ☐ No ☐

Student 2 Name: _____ Gender ____ DOB____/____/____ Grade in Fall 2025: ____
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 (_____) _____ - _____

FULL WEEK PRICE INFORMATION			Payments	
Dates	Fees + Materials	Add Fee (If using a credit card. Can only use credit card in-person.)	Student 1	Student 2
Week 1: 7/28-8/1	\$450 + \$35 (\$485)	\$15		
Week 2: 8/4-8/8	\$450 + \$35 (\$485)	\$15		
Extended care (if needed)	\$30/week	\$0		
TOTAL:				

* NOTES

- All classes will be held in the **VIENNA** location.
- Program hours: Monday - Friday 9:30AM ~ 3:30PM
- Extended care: 9:00AM ~ 9:30AM & 3:30PM ~ 6:00PM
- Students must bring their own simple lunch.
- **Early discount: -\$15/student if registered before June 15th. After June 15th, 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

(Continued to Page 2)



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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 and no make-up for absences. Detailed [Cancellation Policy found on website](#).
- 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 of any events organized by US ARTS Center.

Parent/Guardian Signature _____ Date ____/____/2025

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