



College Essay Intensive Registration Form 2026 Rising 12th Graders Only

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	Fees (does not incl materials)	Add Fee (If using a credit card. Can only use credit card in-person.)	Student 1	Student 2
7/29, 7/23, 7/25, 7/28, 7/30, 8/1, 8/4, 8/6, 8/8	\$540	\$16		
TOTAL:				

* NOTES

- Class hours: Tuesdays, Thursdays and Saturdays 9:30 AM~ 12:30 PM at **Chantilly location**
- **Early discount: -\$50/student if registered before March 29th. After March 29th, you do not receive an early discount.**
- Students are responsible for purchasing their own materials. Talk to the office if you are interested in purchasing a canvas from us.
- **Payment via check/cash/online/credit card (in-person payment) is needed to reserve a space for your child. No exceptions.**

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

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

- 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** ____/____/2026

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