



Life Model Drawing Registration Form 2023 Grade 9 - 12

ID G0
ID G0

Student 1 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2023: ___
 Current US Arts weekly art class student? Yes No

Student 2 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2023: ___
 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 + Materials	Student 1	Student 2
Week 1: 6/19 - 6/22	\$320 + \$15		
Week 2: 6/26 - 6/29	\$320 + \$15		
TOTAL			

*** NOTES**

- Class hours: Monday - Thursday, 1:00 – 4:00pm at Fairfax
- Week 1: clothed model. Week 2: nude model.
- **Early discount: -\$20/week/student if registered before May 14th. -\$50 instead of -\$40 for students who register for all 2 weeks. Additional weeks registered after May 14 do not receive early discount.**
- All students are recommended to register for all two weeks for a complete program lecture.
- **Payment via check/cash/online is needed to reserve a space for your child. No exceptions.**
- **Material fees do not cover canvas.**

Payment by checks: write & mail checks to: US Arts Center, 2929 Eskridge Road, Unit F, Fairfax, VA 22031

Payment from online: www.USArtsCenter.com -> Contact Us -> Pay Fees Online -> Pay @ Fairfax For online payment, parents need to forward the payment confirmation to USArtsFairfx@gmail.com

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- All classes will be held at our Fairfax location:
2929 Eskridge Road, Unit F
Fairfax, VA 22031
- In case of emergency, we, USARTS Center, have authorities 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** ___/___/2023

<i>FOR OFFICE USE ONLY</i>				
Date	Amount Paid	Check #	Balance	Processed By