



Outdoor Drawing Workshop Registration Form 2026 Rising 4th - 8th Graders

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 (_____) _____ - _____

FULL WEEK PRICE INFORMATION			Payments	
Dates	Fees + Materials	Add Fee <i>(If using a credit card. Can only use credit card in-person.)</i>	Student 1	Student 2
Week 1: 6/22 - 6/26	\$535 + \$15 (\$550)	\$17		
Extended care (if needed)	\$50	\$0		
TOTAL:				

*** NOTES**

- Schedule: Monday – Friday 9:30AM ~ 3:30PM
- Extended care: 9:00AM ~ 9:30AM & 3:30PM ~ 6:00PM
- Students must bring their own simple lunch.
- **No partial week option. We recommend a full week.**
- **Early discount: -\$50/student if registered before March 29. 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.**
- **Students are responsible for purchasing their own canvases. Talk to the office if you would like to purchase a canvas with us.**

(Continued to Page 2)



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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 USArtsChantilly@gmail.com

- Classes will be held at different locations. Students will have the late afternoon to finish up their artwork.
- 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

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