



ID G0

Artventure: Urban Sketching HS Portfolio Registration Form 2026 Rising 9th - 12th Graders

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 (If using a credit card. Can only use credit card in-person.)	Student 1	Student 2
Week 1: 8/3 - 8/7	\$545 + \$15 (\$560)	\$17		
Extended care (if needed)	\$50	\$0		
TOTAL:				

*** NOTES**

- Program hours: Monday - Friday 9:30AM ~ 3:30PM
- Meet at Vienna location
- Extended care: 9:00AM ~ 9:30AM & 3:30PM ~ 6:00PM
- Students must bring their own simple lunch.
- **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.**

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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 @ Vienna For online payment, parents need to forward the payment confirmation to USArtsVienna@gmail.com

- Classes will be held in three different locations. The last day (Friday) will be working in the classroom for final touch and finishing up all of the works.
- 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