



School of the Art Institute  
of Chicago

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## CONTINUING STUDIES

### MIDDLE SCHOOL PROGRAM

Fall, Spring, and Summer

Attached you will find four documents:

- Middle School Program Registration Form
- Consent Form
- Allergy History Form
- Emergency Action Plan Form

**All students must complete and return the Middle School Program Registration Form and Consent Form.** Students with allergies or other medical/health conditions that may require emergency assistance should complete the Allergy History Form and/or Emergency Action Plan, or email complete details to [cs@saic.edu](mailto:cs@saic.edu).

*Note: To ensure that you receive all future communication, including registration confirmation, welcome message, notices regarding road closures, etc. please include a valid email address in the STUDENT INFORMATION and/or PARENT INFORMATION section of the registration form and add [cs@saic.edu](mailto:cs@saic.edu) to your contacts.*

Parents are encouraged to complete and return all forms at the time of registration to expedite check-in on the first day of class. Failure to do so may result in longer wait times.

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### **ARTICard (Student ID)**

All students will receive an ARTICard, SAIC's mandatory identification card. This card permits access to School facilities and the Art Institute of Chicago Museum, and must be worn at all times. Students who send in the required items will receive their ID on the first day of class. Students who are unable to attend the first day should still send in their photo for an ID. Please visit [tinyurl.com/CS-articard](http://tinyurl.com/CS-articard) for details, and [tinyurl.com/articardFAQ](http://tinyurl.com/articardFAQ) for general information.

**CONTINUING STUDIES**

# Middle School Program (MSP) Registration Form

Fall  Spring  Summer Year: 20 \_\_\_\_\_

**STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)**

I am :  A New SAIC student  A Returning SAIC student

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ MI \_\_\_\_\_ ID # (if returning) \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**STUDENT GENDER:**

Male  Female Primary Email Address (confirmation will be sent here) \_\_\_\_\_ Primary Phone:  Mobile  Home  Work Secondary Phone:  Mobile  Home  Work

School Name/Type:  Public  Home School  Parochial  Private/Independent  Charter/Magnet \_\_\_\_\_ Grade \_\_\_\_\_ HS Grad Year \_\_\_\_\_

**Please note: Text messages may be sent to phone numbers.**

**Note:** If your student has a medical/health condition or disability that may require emergency/classroom assistance, please complete the Allergy History Form and/or Emergency Action Plan form available in the Forms and Downloads section of the website, or email cs@saic.edu with details.

**PARENT/GUARDIAN INFORMATION (All fields required)**

**EMERGENCY CONTACT INFORMATION (Additional contact other than primary required)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone:  Mobile  Home  Work Phone:  Mobile  Home  Work

**OPTIONAL**

Do you consider yourself to be Latino/Hispanic?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:  Native American  Asian  Black or African American  Native Hawaiian  White

**How did you hear about us?**

Brochure  Email  Friend  I am a returning student  The Art Institute of Chicago  SAIC Website  Teacher  Other \_\_\_\_\_

**COURSE SELECTIONS**

Class number \_\_\_\_\_ Title \_\_\_\_\_ Class dates \_\_\_\_\_ Day(s) \_\_\_\_\_ Meeting times \_\_\_\_\_

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**CONTINUING STUDIES ACKNOWLEDGMENT + AGREEMENT**

**Registration/Cancellation:** I understand that I am financially responsible for the course(s) for which I am registering. A full refund will be granted for cancellations submitted **in writing or in person before the start of the second class.** I agree to the foregoing on behalf of myself/my child or ward.

**X**

Signature required of student or parent/legal guardian if student is under 18 years of age. \_\_\_\_\_ Date \_\_\_\_\_



CONTINUING STUDIES

DISCOUNT INFORMATION

Discounts must be calculated and reflected in payment at the time of registration; discounts will not be applied retroactively and refunds will not be issued to correct overpayment. Only one tuition discount may be applied to a student's account per semester.

Art Institute of Chicago (AIC) Members:

Note: If a recent member, please indicate the confirmation / transaction ID number.

School of the Art Institute of Chicago (SAIC) Alumni:

Note: To receive an alumni discount, you must have completed a degree / certificate program here at SAIC.

Membership Number

Membership Expiration Date

Alumni ID Card Number

Year of Graduation / Certificate Completion

PAYMENT INFORMATION

FALL/SPRING TUITION

Tuition: \$465     AIC Member Tuition: \$418     SAIC Alumni Tuition: \$349

SUMMER TUITION: ONE WEEK

Tuition: \$465     AIC Member Tuition: \$418     SAIC Alumni Tuition: \$349

SUMMER TUITION: TWO WEEKS

Tuition: \$930     AIC Member Tuition: \$836     SAIC Alumni Tuition: \$698

Are you applying for:  Financial Aid     Joanne Alter Scholarship

Scholarship and Financial Aid application forms can be found on the Forms and Downloads page under **Continuing Studies>Middle School Programs>Forms and Downloads.**

**Note:** Students applying for financial assistance are required to pay a \$50 tuition deposit at the time of registration; students not applying for financial assistance refer to the indicated tuition rates.

**Payment is due at the time of registration.** Scholarship and financial aid applicants must submit a completed registration form and \$50 tuition deposit to be registered for the selected course(s). Only those applying for financial aid must also submit a completed financial aid form and **Form 1040** from the most recent tax return (the first two pages) as financial documentation. **If you are unable to submit these documents, please contact us at cs@saic.edu.**

CREDIT CARD INFORMATION

Check - payable to SAIC     Credit Card     Money Order - payable to SAIC

Student First Name

Student Last Name

Student ID # (if returning)

Term

BILLING ADDRESS:

Cardholder's Name (as it appears on the card)

Address

Apartment

City

State

Zip Code

Phone Number

Email Address

CARD TYPE:

American Express     Discover     MasterCard     Visa

Credit Card Number

Expiration Date

Security Code

TOTAL AMOUNT DUE:



<b>Student Name:</b>
<b>ID Number:</b>
<b>Class Number(s):</b>

**CONTINUING STUDIES**

**CONSENT FORM**

This form is required for participation in Children’s Workshops in Art + Creativity, the Middle School Program, and the Early College Program, and is valid and for one term. Forms must be signed, as typed names cannot be accepted.

**ACKNOWLEDGEMENT and AGREEMENT**

**Medical:** I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation provided to such locations as deemed necessary by SAIC.

**Rules of Conduct:** I have read and agree to abide by the SAIC Rules of Conduct listed online in Forms and Downloads. If in ECP, I have read and agree to abide by the SAIC Student Rights and Responsibilities listed online.

**Photo/Video:** I give SAIC permission to video or photograph me participating in instructional and/or social activities at SAIC and to publish such videos or photographs. I agree to the forgoing on behalf of myself/my child or ward.

**Participation in Field Trips**

In consideration of my minor child or ward (“Student”) being allowed to participate in any field trip conducted as part of SAIC’s Youth Programs, I do hereby, for myself, the Student and my dependents, heirs, executors, administrators, agents and assigns, agree to waive, hold harmless, indemnify, covenant not to sue, release, and forever discharge the Art Institute of Chicago, the School of the Art Institute of Chicago and their trustees, officers, employees, members, agents, successors, and assigns (hereafter collectively referred to as “Releasees”), for and from any and all responsibility, liability, causes of action suites, damages, demands, and claims whatsoever which I, the Student or those claiming under either of us may have, suffer, or incur now or in the future resulting from or arising out of the Student’s participation in said field trip and any direct or indirect event in connection therewith occurring before, during and/ or after said trip, including, but not limited to claims for death, personal injury, property damage or loss, whether arising out alleged strict liability, negligence of Releasees, or otherwise.

On behalf of myself and the Student, I further agree to indemnify and hold harmless said Releasees of and from all liabilities described above, arising out of or connected with the Student’s participation in said field trip, including any claims of third persons relating to the above matters, whether by subrogation or otherwise.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MIDDLE SCHOOL PROGRAM (AGES 10-13) ONLY:**

**Permission for Unescorted Dismissal**

Students are not permitted to leave campus unescorted without prior written approval indicated on the Consent Form (last section). If you prefer to allow your child to leave at the end of class without the presence of an approved parent or guardian holding a pick up pass, complete this part of the consent form by checking “yes” and signing. (Not valid for students in Children’s Workshops in Art and Creativity or the Early College Program).

My child/ward may leave unescorted at time of class dismissal.                      YES                      NO

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTINUING STUDIES**

**ALLERGY HISTORY FORM**

Note: Complete this form only if your child has an allergy that may require emergency assistance. If medication may be required while your child is at SAIC, please complete and return the Emergency Action Plan (EAP) as well.

Student name (please print):	ID number:	
Allergens:		
When and how did you first become aware of the allergy?		
When was the last time your child had a reaction?		
Please describe the signs and symptoms of the reaction:		
What medical treatment was provided and by whom?		
Please describe the steps you would like us to take if your child is exposed while at school:		
Parent/guardian name (please print):	Parent/guardian signature:	Date:

# ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's  
Photograph

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthma:  Yes (higher risk for a severe reaction)  No

Weight: \_\_\_\_\_ lbs

## ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue)  
SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling  
GUT: Vomiting, crampy pain

## INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

\*Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.\*

\*\*When in doubt, use epinephrine. Symptoms can rapidly become more severe.\*\*

## MILD SYMPTOMS ONLY

Mouth: Itchy mouth  
Skin: A few hives around mouth/face, mild itch  
Gut: Mild nausea/discomfort

## GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

**IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE**

If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine before symptoms if the allergen was definitely eaten.

## MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): \_\_\_\_\_

ANTIHISTAMINE (BRAND AND DOSE): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthma): \_\_\_\_\_

**MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.**

Student may self-carry epinephrine

Student may self-administer epinephrine

**CONTACTS: Call 911 Rescue squad: (\_\_\_\_) \_\_\_\_\_**

Parent/Guardian: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Licensed Healthcare Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
  - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - Specify any changes to prevent another reaction.

## TRAINED STAFF MEMBERS

Name: \_\_\_\_\_

Room: \_\_\_\_\_

Name: \_\_\_\_\_

Room: \_\_\_\_\_

Name: \_\_\_\_\_

Room: \_\_\_\_\_

## LOCATION OF MEDICATION

- Student to carry
- Health Office/Designated Area for Medication
- Other: \_\_\_\_\_

## ADDITIONAL RESOURCES

Ann & Robert H. Lurie Children's Hospital of Chicago  
800-KIDS-DOC  
<https://www.luriechildrens.org>

**Food Allergy Research and Education**  
800-929-4040  
<http://www.foodallergy.org>

**This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.**