



## CONTINUING STUDIES

### EARLY COLLEGE PROGRAM FALL, SPRING, AND SUMMER

Attached you will find these documents:

- Early College Program Registration Form
- The ECP Scholarship Application Form
- Consent Form

**All students must complete and return the Early College Program Registration Form and Consent Form.** Students with allergies or other medical/health conditions that may require emergency assistance should also complete the Allergy History form and/or Emergency Action Plan included in this document.

*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.*

Additional details regarding the program can be found online at **High School>High School Commuter Classes>Student Information.**

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#### **Accommodations for Students with Disabilities**

The School of the Art Institute of Chicago is committed to providing opportunities for full participation in all programs for students with disabilities, including Continuing Studies students and Students At Large. Disabled students should first contact the Disability and Learning Resource Center (DLRC) to request reasonable accommodations. To plan for the most effective accommodations, we ask that you contact the DLRC at least two weeks before the start date for your course. For more detailed information about the DLRC and the accommodations process, see [saic.edu/dlrc](http://saic.edu/dlrc).

The DLRC can be reached by phone at 312-499-4278 or email [dlrc@saic.edu](mailto:dlrc@saic.edu).



Early College Program (ECP) 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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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 for details, and tinyurl.com/articardFAQ for info.

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 one week before the class. I agree to the foregoing on behalf of myself/my child or ward. I acknowledge that I have read and agree to SAIC's Vaccination Agreement statement found at saic.edu/vaxagreement and will be required to follow SAIC's evolving policies around masking, social distancing, and submission of vaccine status documentation. I understand that if I do not adhere to these policies, I will be at risk of being withdrawn from the program without a refund.

X

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



# ECP SCHOLARSHIP APPLICATION FORM

## GRACE AND WALTER BYRON SMITH SCHOLARSHIP

The Smith Scholarship covers 100% of tuition for any ECP course, and is awarded on a first-come, first-served basis. To be eligible, students must have attended a parochial high school in Illinois for at least one full academic year. Applicants must submit a completed registration form and this completed Smith Scholarship application form. Students do not need to provide financial documentation.

## EARLY COLLEGE PROGRAM CHICAGO YOUTH ARTIST EDUCATIONAL SCHOLARSHIP

Founded in 2012, the ECP Chicago Youth Artist Educational Scholarship is a fund that will benefit Chicago Public School high school students. The scholarship will cover 100% tuition for a non-credit (audit) fall, spring, or summer course. The scholarship is only applicable for non-credit (audit). Applicants must submit a completed registration form and this completed CYA application form. Students do not need to provide financial documentation.

### I AM APPLYING FOR THE:

- GRACE AND WALTER BYRON SMITH SCHOLARSHIP (ILLINOIS SUDENTS)
- EARLY COLLEGE PROGRAM CHICAGO YOUTH ARTIST EDUCATIONAL SCHOLARSHIP (CPS STUDENTS)

### CONTACT INFORMATION *(PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)*

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

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

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

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

\_\_\_\_\_  
Parent Email Address Student Email Address Primary Phone:  Mobile  Home  Work Secondary Phone:  Mobile  Home  Work

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

School Year:  Grade 9/High School Freshman  Grade 10/ High School Sophomore  Grade 11/ High School Junior  Grade 12/ High School Senior

School Type:  Public  Parochial  Private/Independent  Charter/Magnet  Home School

Have you applied for the Smith Scholarship in the past?  No  Yes If yes, when? \_\_\_\_\_



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

**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.

**ACKNOWLEDGMENT 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.

SAIC staff members are not trained medical professionals. For this reason, SAIC staff members will not administer any prescription or over-the-counter medications to students participating in on-campus activities, with the following two exceptions: First, SAIC staff members may administer EpiPens in the event of an emergency appearing to be an allergic reaction. Second, SAIC staff members will administer only prescription medication in the event of an emergency if the student provides SAIC with access to the medication and that medication is called out in a completed Emergency Action Plan on file from the student’s physician. If your student has a known allergy and/or medical condition, please download an Allergy History Form and Emergency Action Plan Form on the Forms and Downloads page and email your completed forms to saic-youth@saic.edu.

Students participating in on-campus activities are permitted to self-administer over-the-counter or prescription medication.

**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:** \_\_\_\_\_