



CONTINUING STUDIES

EARLY COLLEGE PROGRAM

FALL, SPRING, AND SUMMER

Attached you will find four documents:

- Early College Program Registration 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 to your contacts.

Additional details regarding the program can be found online at saic.edu/ecp.

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.

The DLRC can be reached by phone at 312-499-4278 or email 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 _____

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.

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

PARENT/GUARDIAN INFORMATION (All fields required)

Last Name _____ First Name _____

Relationship to student _____

Email Address _____

 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 _____ ☐ For credit (juniors/seniors only) 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 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 _____



CONTINUING STUDIES

Student Name:

ID Number:

Class Number(s):

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.

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:** _____