



**CONTINUING  
STUDIES**

## **FAMILY ARTIST COLLECTIVE**

### WINTER

Attached you will find four documents:

- Family Camp Registration Form
- Consent Form

**All students must complete and return the Family Camp 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.*

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.

Additional details regarding the program can be found online at **Children's Programs>Summer Camps>Student Information.**



# Winter Family Artist Collective Registration Form

Summer Year: 20 \_\_\_\_\_

## ADULT STUDENT INFORMATION (PLEASE COMPLETE ALL FIELDS AND PRINT CLEARLY)

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

## CHILD STUDENT #1 INFORMATION

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 \_\_\_\_\_

## CHILD STUDENT #2 INFORMATION

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.

## COURSE SELECTIONS

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

## EMERGENCY CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number:  Mobile  Home  Work Secondary Phone:  Mobile  Home  Work

Email Address \_\_\_\_\_ Relationship to Adult Student \_\_\_\_\_ Relationship to Child Student #1 \_\_\_\_\_ Relationship to Child Student #2 \_\_\_\_\_

## 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 \_\_\_\_\_

PAYMENT INFORMATION

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WINTER TUITION: \$150 PER STUDENT

**TOTAL # OF STUDENTS x TUITION = TOTAL AMOUNT DUE**

## NEXT STEPS:

1. You will receive a confirmation email once your registration has been submitted for processing.
2. Payment is due immediately. You can pay your full tuition online at [saic.edu/cspayment](https://saic.edu/cspayment).
3. **NOTE: One payment must be paid PER STUDENT.** Input the student's information (including ID) and submit.

If a payment is not made on time, you are subject to removal from the course.

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Questions? Contact Continuing Studies at 312.629.6170 or email [cs@saic.edu](mailto:cs@saic.edu).



**CONTINUING STUDIES**

<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.

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