

St. Louis City Open Studio and Gallery

Summer Camp Registration Form

STUDENT INFORMATION

Name _____ Age _____ Sex _____
Home Address _____ ZIP _____
Name of School _____ DOB _____
How did you hear about us? _____

PARENT/GUARDIAN INFORMATION

Name _____
Address (if different) _____ ZIP _____
Daytime Phone _____ Cell Phone _____
Work Phone _____ EMAIL _____

SECONDARY EMERGENCY CONTACT

Name _____ Relationship _____
Daytime Phone _____ Cell Phone _____

HEALTH INFORMATION

Physician Name _____ Phone _____
This student has the following problems or special needs (consider allergies, physical and mental health, behavior or emotional problems) and anything else that will help us serve this student better _____

Medications _____ Do we need to administer? Y or N
Medication instructions: _____

POLICIES AGREEMENT

Release/ Waiver: I hereby agree to indemnify and hold harmless SCOSAG and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in SCOSAG programming. Further, I authorize SCOSAG staff and faculty to seek emergency medical help if this becomes necessary. I realize that SCOSAG staff makes safety their first priority. However, in the event of a medical emergency involving my child, I realize that every effort will be made by SCOSAG staff to contact me as quickly as possible and I agree to indemnify and hold harmless SCOSAG personnel in seeking medical care for my child.

Refund Policy: Camp tuition will be refunded or credited if you withdraw 15 days IN WRITING prior to the first day of camp; a 25% administration fee will be retained. Within 7-14 days, a 50% refund will be granted. Less than 7 days, a 25% refund will be granted. No refund will be granted after the first day of camp.

Photo Consent: By your signature, you agree that SCOSAG may use the above named student's photograph in the routine promotion of its classes and activities and for other non-commercial applications.

ArtWork Policy: Artwork is available for pickup during Open Studio Hours up to 2 weeks after class. SCOSAG is not responsible for artwork left after 30 days after the end of class.

Signature _____ Date _____

CHECK YOUR SUMMER CAMP SESSION(S)

			Check Box	Tuition
Session 1	June 8 - June 19	\$285		
Session 2	June 22 - July 3	\$285		
Session 3	July 13 - July 24	\$285		
Session 4	July 27 - August 7	\$285		
Session 5	August 10 - August 21	\$285		

Total Tuition: _____

Early Care

			Check Box	Tuition
Session 1	June 8 - June 19	\$100		
Session 2	June 22 - July 3	\$100		
Session 3	July 13 - July 24	\$100		
Session 4	July 27 - August 7	\$100		
Session 5	August 10 - August 21	\$100		

Total Early Care: _____

After Care

			Check Box	Tuition
Session 1	June 8 - June 19	\$100		
Session 2	June 22 - July 3	\$100		
Session 3	July 13 - July 24	\$100		
Session 4	July 27 - August 7	\$100		
Session 5	August 10 - August 21	\$100		

Total After Care: _____

Total After Care Registration \$ _____

SUBTOTAL \$ _____

SUBTRACT ____% for qualifying households, Stone Soup Scholarship Fund - \$ _____

PAID BY:

Visa O _____ - _____ - _____ - _____ ex: ____/____

MasterCard O _____ - _____ - _____ - _____ ex: ____/____

Signature x _____

CHECK O Make checks payable to "SCOSAG"

TOTAL PAYMENT ENCLOSED \$ _____

(50% deposit required to reserved spot)

Please mail or deliver this form along with payment to

The St. Louis City Open Studio and Gallery,

located at **4255 Arsenal, St. Louis MO, 63116**

If you have any questions about registration or our programming,

call: 314-865-0060, or email us at scosag@gmail.com.

Visit us on-line at www.scosag.org

You will be contacted, via email or telephone to confirm your registration. Upon confirmation, you will receive a more detailed description of our drop-off and pick-up policies and safety procedures.