

# St. Louis City Open Studio and Gallery

## Class 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 \_\_\_\_\_

Select your Class(es):

Class Title	Date/Time	Cost

Tuition Total: \_\_\_\_\_  
 Subtract Scholarship: \_\_\_\_\_  
 Net Tuition: \_\_\_\_\_

If applying for scholarship assistance, please submit your most recent 1040 tax return. If document is unavailable, please call 865-0060 or email [scosag@gmail.com](mailto:scosag@gmail.com)

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](mailto:scosag@gmail.com).  
 Visit us on-line at [www.scosag.org](http://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.