

EARLY REGISTRATION IS HIGHLY ENCOURAGED



Registration Application

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Date of Birth _____ Grade _____

School Name _____ School District _____

Location of MSSFC Classes _____

Family Information

Father/Guardian Information

Mother/Guardian Information

Name _____

Name _____

Address: _____

Address _____

If different than above

If different than above

Home Phone () _____ - _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Cell Phone () _____ - _____

Work Phone () _____ - _____

Work Phone () _____ - _____

E-mail Address _____

E-mail Address _____

Persons Authorized to Release Child to

1. _____

2. _____

Relation to child _____

Relation to child _____

Emergency Contact Information Other Than Parents

	<i>Name</i>	<i>Relation</i>	<i>Phone</i>
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____

In case of emergency, I give Money Smarts School of Finance for Children permission to have my child transported by ambulance to _____ Hospital for treatment.

Money Smarts School of Finance will make every attempt to reach a parent, guardian and/or emergency contact in cases of emergency.

TURN OVER

REFUND/CANCELLATION POLICY: No refunds will be granted after Feb. 23, 2014. If a child is removed from program for reasons of misconduct or inappropriate behavior, a refund is not available.

I certify that the information entered above regarding my child and our household is correct.

Parent's signature _____ Date _____

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**A parent or guardian are highly encouraged to participate in the MSSFC Parents Association.
MSSFC staff will not accompany children to restrooms.**

Return registration form and Photo Waiver with \$80.00 tuition to: P. O. Box 8324, St. Louis,
MO 63132

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PHOTO & VIDEO RELEASE FORM

By signing this release form, I authorize Money Smarts School of Finance for Children to use the following personal information:

1. My (or my child's) picture, including photographic, motion picture, and electronic (video) images; and
2. My (or my child's) voice, including sound and video recordings.

I hereby grant to MSSFC, its subsidiaries, licensees, successors, and assigns, the right to use, publish, and reproduce, for all purposes, my (or my child's) name, pictures of me (or my child) in film or electronic (video) form, sound and video recordings of my (or my child's) voice, and printed and electronic copy of the information described in sections "1" and "2" above, in any and all media, including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences, and in brochures and other print media. This permission extends to all languages, media, formats, and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant to MSSFC all right, title, and interest that I (or my child) may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant to MSSFC the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as MSSFC sees fit.

I hereby waive my right (and the right of my child) to receive any payment for signing this release and waive my right (and the right of my child) to receive any payment for MSSFC's use of any of the material described above for any of the purposes authorized by this release. I also waive my right (and the right of my child) to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy; or printed matter, computer-generated scanned images, and other electronic media that may be used in conjunction therewith or to approve the eventual use to which it might be applied.

I acknowledge that I have read the foregoing, and I fully understand the contents.
IN WITNESS WHEREOF, I have executed this release on this ___ day of _____, 20__.

Parent's Printed Name: _____

Address: _____

Parent's Signature: _____

City/State/Zip

Code: _____

Child's Printed Name: _____

Telephone: _____