

EARLY REGISTRATION IS HIGHLY ENCOURAGED



Registration Form

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Date of Birth _____ Grade _____

School Name _____ School District _____

Location of MSSFC Classes: St. Louis Community College at William J. Harrison Education Center ____

Creve Coeur Location ____

Session: Spring _____ Summer _____ Fall _____

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.

REFUND/CANCELLATION POLICY: No refunds will be granted beginning one week before the start of the first class. If a child is removed from program for reasons of misconduct or inappropriate behavior, a refund is not available. Tuition per 10-week session is \$150.00. Tuition assistance is available for students who qualify. Contact Money Smarts School for more details.

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

Parent's signature _____ **Date** _____

Parents and guardians 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 appropriate tuition (\$150.00 for general tuition) to:
P. O. Box 8324, St. Louis, MO 63132. Visit our website at www.moneysmartsschoolforchildren.org.
Call us at (314) 956-7918. **If you are applying for a scholarship, please send an email to:**
dmartin@moneysmartsschoolforchildren.org **to obtain a scholarship form.**

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1. The minor, _____ (herein "Participant"), wishes to participate in activities and programs (herein the "Activity") sponsored by Money Smarts School for Children (MSSFC), *and/or* MSSFC's affiliates, collaborative partners, sponsors, partnerships, or any other entity that is to work in conjunction with MSSFC. (Initials____)
2. Participant and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; other general risks associated with travel; loss or destruction of Participant's person property; any and all inherent risks associated with any Recreational Activity in which Participant participates during the duration of the Activity; or any and all inherent risks associated with participating in Activity. (Initials____)
3. For and in consideration of MSSFC allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participants personal representatives, assigns, heirs, distributes, guardians and next of kin (herein Releasors) release, waive, discharge and covenant not to sue MSSFC and its officers, volunteers, employers, employees, agents, affiliates, collaborative partners, sponsors, partnerships, or any individual or entity associated with the the organization (herein "Releasees"), from all liability to the Releasors, on account of injury to Participant or death of Participant or injury to the Property of Participant, whether caused by the negligence of Releasees or otherwise, while Participant is participating in the Activity. (Initials____)
4. Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing the Participant to participate in the Activity, and voluntarily assume the Risks and all other risks of loss, damage, or injury that may be sustained by the Participant while participating in the Activity. (Initials____)
5. Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. (Initials____)
6. I understand that all information and services provided by MSSFC is provided for educational purposes only. Furthermore, I authorize the use of my or Participant's name, voice, photograph, likeness, performance and/or biography (cumulatively hereinafter, "Likeness") by Money Smarts School of Finance for Children, its Board of Directors, officers, employees and agents in connection with any product or materials arising out of my or Participants participation in the Activity. I further hereby permit Money Smarts School of Finance for Children to use and edit my and Participant's performance and materials in its sole discretion. (Initials____)
7. I understand that Money Smarts School of Finance for Children has no obligation to use my or Participant's Likeness, and that I nor Participant will receive no monetary compensation for the rights granted herein. I understand and affirm that this Release shall be considered consent to such use by Money Smarts School of Finance for Children under the provisions of Missouri Statutes and federal law where applicable. (Initials____)
8. Guardian and Participant warrant that they have fully read and understand the General Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written have been made to Guardian or Participant. (Initials____)

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Sign – Participant Date _____
Print Name

Sign - Parent/Legal guardian Date _____
Print Name