

Summer ArtVentures 2024

June 3 to July 18, 2024

Return this completed REGISTRATION FORM with your payment

PLEASE PRINT

Parent/Guardian Name _____

Address _____

Phone Number (s) (M) _____ (H) _____

Email _____

Secondary Contact _____ Relation _____

Secondary Contact Phone Number _____

Must be an AMSET Family-Level member to register. Each camp: \$80

* To join, or renew your family membership, please add \$60 in the appropriate box below. Family memberships cover all children in the same household.*

If campers are enrolled in morning and afternoon camps, they may enjoy a supervised lunch-over. Please send a sack lunch; dress them for mess.

Child's Name _____ Age _____ T-Shirt Size _____

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T-Shirt Sizes

YS	4-6	AS	Adult Small
YM	10-12	AM	Adult Medium
YL	14-16	AL	Adult Large

Class sizes are limited! Register soon. Camps fill quickly!

WILL YOUR FAMILY LEVEL MEMBERSHIP (OR HIGHER) BE CURRENT ON YOUR CHILD'S FIRST DAY OF CAMP? IF YES, SKIP THIS SECTION. IF NO, PLEASE ADD \$60 HERE FOR A ONE-YEAR FAMILY LEVEL MEMBERSHIP.					60.00
	CHILD'S NAME	CLASS TITLE	WEEK #	AM/PM	TUITION
SAMPLE	BOBBIE A. DRAWER	YOUNG ARTVENTURES 1	1	AM	80.00
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Total tuition balance is not required at the time of registration. To pay only the non-refundable deposit, please include \$60 for the first camp and \$30 for each additional camp, per child. Balance due on or before the first day of camp.			TOTAL TUITION		
			AMOUNT PAYING TODAY		

PAYMENT METHOD

Cash Check Enclosed Check # _____ Visa MC DISC AMEX
(Payable to AMSET)



Send this form to:
AMSET
PO Box 3703
Beaumont TX
77704

FOR GREDIT CARD PAYMENT, PLEASE PRINT	
Card Holder's Name _____	Exp. Date _____
Card Number _____	CVC _____
Card Holder's Address _____	
Card Holder's Phone _____	Signature _____
Registration and/or payment may also be completed over the phone by calling 409.832.3432	

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Health & Disciplinary Form



CHILD'S NAME _____ AGE _____ ENTERING GRADE _____
CHILD'S NAME _____ AGE _____ ENTERING GRADE _____
PARENT'S NAME _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (M) _____ (H) _____ (OTHER) _____
In case of emergency, or if you cannot be reached, the child's or family's physician is:
DR. _____
HOSPITAL PREFERENCE _____ PHONE _____
HEALTH INSURANCE COMPANY _____ GROUP POLICY _____
ALLERGIES _____ MEDICATIONS _____
OTHER PHYSICAL, MENTAL OR EMOTIONAL CONDITIONS _____
HEALTH IS: EXCELLENT GOOD FAIR POOR
COMMENTS _____

- **PLEASE CIRCLE ONE: YES NO** In the event of an emergency, I authorize the Art Museum of Southeast Texas, its agents & employees to obtain medical treatment necessary to insure the health and well-being of my child(ren).
- **PLEASE CIRCLE ONE: YES NO** I authorize the Art Museum of Southeast Texas, its agents & employees to administer children's Benadryl in the event of an allergic reaction.
- **PLEASE CIRCLE ONE: YES NO** I hereby allow the Art Museum of Southeast Texas to take photographs of my child(ren) to be used for AMSET public relations and archival purposes only.
- Persons other than yourself that YOU authorize to take your child from the Art Museum of Southeast Texas building & grounds:

PARENT'S SIGNATURE REQUIRED: _____

YOU SHOULD BE AWARE OF OUR DISCIPLINARY POLICY.

It is simple and firm:

Your child will not be allowed to disrupt the art experience of any other child. In the event that your child continuously causes a disruption, he/she will be dismissed from Summer ArtVentures.

You will be contacted and expected to collect your child immediately.

Your money will not be refunded.

Art Museum of Southeast Texas
PO Box 3703
500 Main Street
Beaumont TX 77704

Phone: (409)832-3432 • Fax: (409)832-8508 • Website: www.amset.org