

# Summer ArtVentures 2024

June 3 to July 19, 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 \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**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. <b>Balance due on or before the first day of camp.</b>			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	

# Summer ArtVentures 2024

## 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](http://www.amset.org)