

Summer Art Camp Registration

Please use a separate registration form for **each** camper and for **each** week.

Sign, include payment and deliver to Attleboro Arts Museum, 86 Park St., Attleboro, MA 02703

PLEASE PRINT

Camper's Name: _____ Nickname: _____

Age this summer: _____ Gender M/F: _____ Grade entering: _____

What school does your child attend during the academic year? _____

Parent/Legal Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone:() _____ Daytime tele or cell (): _____

Email: (for updates & Museum news): _____

Emergency contact name & tele: _____ () _____

Emergency contact's relationship to camper: _____

Does camper have allergies? Please list: _____

Is there anything we should know to make this camper's art experience the best that it can be? _____

How did you hear about our summer camp program? _____

Camp week #: _____ Names of camp(s): Morning: _____ Afternoon: _____

Full day (9am-3pm): _____ Full-day campers must bring a lunch, 2 drinks and a snack

OR

Half-day (9am-12:30pm): _____ There is no afternoon half-day program.

Tuition: \$ _____ Materials Fee: \$ _____ NOTE: You save on tuition by being a Museum member. See below.*

Payment must be included to complete registration.

All campers must be picked up promptly at 12:30 pm or 3pm to avoid late fees. Late fees are \$15 per quarter hour. There are no exceptions.

I understand that there are **no refunds** once payment is issued to The Attleboro Arts Museum (this includes missed or sick days) and that there are no exceptions to this policy. I realize that a minimum enrollment of 7 campers per age group is required for sessions to run, and that in an effort to hold all of our summer camps age groups might merge to bring enrollment to the required number. Camps will be cancelled unless 7 students have registered by 3 days prior to the start date. I give permission for this student's photo to be used in print/on the web. Unless otherwise indicated by an instructor or staff member, all artwork created during classes must be picked up no later than 14 days after the final class session. The Attleboro Arts Museum will not be responsible for student artwork left at the Museum over 14 days after a class has been completed. **I have read this registration form completely and agree to the terms and conditions.**

X SIGNATURE REQUIRED _____

***Become a Museum member and save on tuition!**

Membership Categories (*Memberships are valid for 1 year*)

Senior (65 & over)	\$25
Student (22 & under)	\$25
Artist (For Working Artists)	\$35
Individual	\$35
Family Household	\$50 (includes 2 adults and any children in household)

Please make your check payable to: **Attleboro Arts Museum**

Or pay by: _____ VISA _____ Mastercard _____ AMEX _____ Card Number _____ Exp. _____

Signature: _____