

SUMMER ART CAMP REGISTRATION

Use this chart to mark which session you wish to sign up for. A black box indicates the session is not available for that age group.

SESSION	AGE GROUP				Extended Care
	13-17	6-8	9-12	5-7	
1				a.m. p.m.	
2					
3				a.m. p.m.	
4					
5				a.m. p.m.	
6					
7					
8					
9					
10				a.m. p.m.	

Mail completed form with payment to:
 The Dayton Art Institute
 Summer Art Camp
 456 Belmonte Park North
 Dayton, OH 45405

Parent/Guardian Name(s) _____ E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Child's Name _____ Age _____ T-shirt size S M L XL

Parental Consent & Emergency Medical Form (completion required) ONE PER CHILD

Allergies _____ Medications _____

Other medical conditions _____

ER Contact Person (other than above): Name _____

Relationship _____ Home phone _____ Cell phone _____

My Child can be released to (other than guardian/ER contact) _____

Physician _____ Phone _____ Preferred Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or in the event the designated preferred practitioners are not available, by another licensed physician. I further authorize the transfer of my child to the preferred hospital, or any hospital reasonably accessible.

Parent/Guardian Signature _____ Date _____

Become a museum member and SAVE!

Yes, I would like to join at the following level:

Family \$60 Senior Couple \$45

Individual \$40 Individual Senior \$30

Individual Student \$25

PAYMENT :

New Member Member Non-Member

Enclosed check for \$ _____

Please charge \$ _____ to my Visa

Mastercard

Acct # _____ Exp date _____

Name _____

Signature _____