

THE DAYTON ART INSTITUTE



CAMPERS ENTERING THE FOLLOWING GRADES IN THE FALL 2011

Week of	Mini-Art Camp PreK-K ¹ AM or PM \$80 member/ \$100 non-member	Youth Camps Grades 1,2,3 \$145 member/ \$165 non-member	Youth Camp Special Topics Grades 4,5,6 \$145 member/ \$165 non-member	Art Intensives ² Grades 7,8,9 \$145 member/ \$165 non-member	Material Fee ³	Extended Care \$80 member/ \$100 non-member	Subtotal
June 27 - July 1	Mini-Art Explorers AM / PM	<i>Painting Adventures</i>	<i>Found Art Fun</i>				
July 11-15	Mini-Art Explorers AM / PM	<i>Stories in Art</i>	<i>Printmaking Mania</i>				
July 18-22		<i>Art Excursions</i>	<i>Painting Extravaganza</i>	<i>Jewelry</i>			
July 25-29		<i>Art in Nature</i>	<i>3D Madness</i>	<i>Painting</i>			
August 1-5		<i>Musical Art</i>	<i>Around the World</i>	<i>Collage-Painting</i>			
August 8-12		<i>Mixed Media and More</i>	<i>Paper Art Explored</i>	<i>Art that Tells a Story</i>			

PLEASE ENTER THE CAMP FEES AND ANY ADDITIONAL FEES TO YOUR TOTAL. THANKS AND SEE YOU AT ART CAMP 2011!

¹ Please circle AM or PM session. Campers must be at least 4 years old.

² Material fees apply to all *Art Intensive* classes.

³ *Jewelry* and *Painting* material fee \$30 each. *Collage-Painting* and *Art that Tells a Story* material fee \$20 each.

Camp Subtotal

Museum Membership
Fee \$70

TOTAL FEE

REGISTRATION INFORMATION (PLEASE COMPLETE ONE FORM PER CHILD)



Mail: 456 Belmonte Park North, Dayton, Ohio 45405 Attn: Summer Art Camp
Fax: 937-223-3140

Camper Name: _____ Present Age _____

Birth Date: _____ Gender: Male / Female Returning Camper: Yes / No

Current Museum Member: Yes / No Member Number: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City _____ State _____ ZIP _____

Home # _____ Work # _____ Cell # _____

Best way to reach you during camp hours? Home / Work / Cell

Others authorized to pick up your child:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Emergency Contact Information:

Allergies: _____

Medications: _____

Other medical conditions: _____

Physician: _____

Phone #: _____

Preferred Hospital: _____

Local emergency contact other than parent/guardian(s) listed.

Name _____ Relationship _____ Phone # _____

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.

Signature _____ Date _____

Check payable to The Dayton Art Institute

Credit Card (circle) VISA MASTERCARD

Name on Card (please print): _____

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____

All refunds must be made two weeks prior to the start of class. No refunds can be made after this time. We will retain 15% of all refunds for processing. In the event a class is cancelled due to insufficient enrollment full refunds will be made.