



Dear Friends,

Welcome to the James A. Michener Art Museum! The following pages include some **extremely important forms** that we ask you to complete and return prior to the start of your class or summer camp. These forms do not need to be completed for one day workshops.

General class information:

Some of the art materials we will use in classes may stain clothing. Although we have plenty of smocks to share, it is also helpful to dress appropriately for active, hands-on studio art experiences.

Please provide your child with a drink and a snack each day if they are attending a class that is three or more hours long. The Michener does not provide snacks for kids, although kids get hungry when they are busy. Full day summer camp students need to bring a lunch. In order to accommodate an increasing number of kids with peanut allergies, please keep your lunches and snacks peanut free.

All materials are provided, with the exception of Fashion Design 1, 2, and 3, and Painting the Great Outdoors. These materials lists will be mailed separately prior to the start of class.

In the event of inclement weather, please call the museum at 215-340-9800 after 8:30 am the day of the class to listen for any closing, cancellation, or delay information on the recorded greeting.

In addition, for Doylestown camps it helps to dress in layers. The air conditioning in the galleries can be cool, but the education spaces and sculpture garden can be quite warm.

If I can be of any more help to you as we near your art class or camp session, please do not hesitate to be in touch. **Thank you** so much for supporting the outstanding arts and education programs at the Michener Art Museum. We are all looking forward to an eventful season at the Museum.

Sincerely,

Ruth Anderson
Director of Youth and Family Programs
randerson@michenerartmuseum.org 215-340-9800 ext 126

Please complete the following three forms and return them to the James A. Michener Art Museum prior to the start of your class or camp.



You may mail completed forms to:

Ruth Anderson

Program Registration Forms

James A. Michener Art Museum

138 South Pine Street

Doylestown, PA 18901

Or email them to:

randerson@michenerartmuseum.org

Thank you for your cooperation!

Ruth Anderson, Director of Youth and Family Programs

**James A. Michener Art Museum
Art Class & Summer Camp
Student Medical / Health Form**



Child's Name: _____ Age: _____

Program Name and Number: _____

Address: _____

Home phone: _____ Work Phone: _____

Email: _____

Cell phone(s): _____

Is child taking medication? Yes No Name of Medication: _____

Reason for medication: _____

Date of last tetanus shot: _____

Health Insurance Carrier: _____

Name of Insured: _____

Policy Number / ID Number: _____

Medical conditions we should know about: _____

Person other than parent picking child up: _____

Name: _____ Phone: _____

Relationship: _____

In case of medical emergency, I understand that every effort will be made to contact the parents or guardian. In the event I cannot be reached, I hereby give permission to the James A. Michener Art Museum to secure proper treatment as designated by a physician or Doylestown Hospital for _____ (child's name).

Field trips: I give permission for my child, _____, to participate in trips sponsored by the Michener Museum (*Fashion Design 3 only*).

Parent's printed name: _____

Parent's signature: _____ Date: _____



James A. Michener Art Museum Education Programs Press Release Agreement

This form is to be completed by the artist's parents.

I give permission for photographs of my child or my child's artwork taken at the James A. Michener Art Museum to be used for publicity and/or museum related publications, film projects, video, Internet, or the Michener website. Names will not be published in conjunction with images.

Museum staff will do their best to take care of all artwork on loan to any exhibition. The Michener staff and the Michener Museum are not liable for damage or loss of artwork while on loan to an exhibition.

Parents will be notified of a pick up date for artwork in the event the work is chosen for an exhibition. Artwork not picked up by specified date will be used in Museum outreach projects throughout Bucks County.

Date _____

Child's Name (Please Print): _____

Program Name and Number: _____

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Address: _____

Telephone: _____

email: _____



Help us to better promote our programs by completing this short survey and returning it with your completed summer camp enrollment. Thank you!

How did you hear about the art classes and summer camps at the Michener Art Museum?
(Check all that apply)

- Teacher Teacher's Name _____
- Mailing to your home
- Email from the Museum
- Michener Museum Website
- Bucks County Alive Summer Camp Guide
- Other Website Website Name _____
- Word of Mouth
- Former Student
- Print Publication _____
- Other Describe _____

Which of these do you use regularly? Why do you use them?
(Check all that apply)

- Facebook
- Twitter
- You Tube
- Other _____