Summertime is a wonderful opportunity for children to expand and grow! Camps offer weeks of fun, age appropriate visual arts integrated lessons. Experienced artists/teachers and great projects (new or re-imagined for 2017) make Camp LAM an excellent summer experience!

HALF-DAY CAMPS!
Half-day camp sessions can be combined to create full-day camps

BRING A SACK LUNCH AND WE’LL REFRIGERATE!

CAMP DROP-OFF AND PICK UP
Safe and easy drop-off will be from the lower deck of the city parking garage on the corner of Morgan and East Broome Streets. Campers will enter the Center for Creative Learning from the new main entrance on Morgan Street. Drop-off begins 10 minutes before each session, with a supervised activity for children. Please pick-up within 15 min of class ending.

AP Portfolio Camp + Open Studio
This program focuses on building individual AP and college admission portfolios. Students will work to develop techniques and artistic expression in their chosen concentration.

TO REGISTER or for more information please email: art@lagrangeartmuseum.org or you can pay online
CHILDREN’S CLASS AND CAMP REGISTRATION

Please fill a registration form for each child.

☐ MEMBER  ☐ NON MEMBER  ☐ YES - I WOULD LIKE TO BECOME A MEMBER AND RECEIVE DISCOUNTS

Name of Child: ____________________________

Age/Grade: ________________

Class(s) or Workshop(s): ____________________________

Time/Date: ____________________________

Price of Class: ____________________________

☐ I WOULD LIKE MY CHILD TO ATTEND Camp LAM 2017

Ages 3-6 yrs
June 6-10
☐ AM or ☐ PM
June 26-30  ☐ AM

Rising 2nd-6th grade
June 12-16
☐ AM and/or ☐ PM

Rising 2nd-6th grade
June 19-23
☐ AM and/or ☐ PM

AP Portfolio
Middle/High School
June 26-30  ☐ PM

Camp PRICE: ____________________________

Emergency Contact- Name | Number: ____________________________

Child(s) Physician- Name | Number: ____________________________

Please list any known allergies or medical conditions: ____________________________

Parent(s) Names: ____________________________

Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Phone: ____________________________ Phone2: ____________________________

Cell: ____________________________ Email: ____________________________

My child’s photographs may be used for LAM publicity: ☐ yes  ☐ no  ____________________________ (Parent’s Signature)

METHOD OF PAYMENT

☐ Check: Make checks payable to: LaGrange Art Museum

☐ Card: American Express  ☐ Visa  ☐ Master Card  Account # ____________________________  Exp.Date: ____________________________

Total amount to be paid today $ ____________________________

Please note: NO REFUNDS will be given.

Mail, email a copy: art@lagrangeartmuseum.org or take this completed form along with payment to: LaGrange Art Museum, 112 Lafayette Parkway, LaGrange, GA 30240