

Art Camp for kids 2008

Registration Form

Council of the Arts, Inc. Summer Art Camp
July 7 - 11 & July 14 - 18 - Age groups: 8-11 and 12-15 ARTSCAPE
Gallery, 1917 Cogswell Ave, Suite 3
Pell City Phone 205-884-ARTS (2787)

Camper's Name _____

Camper's Address _____

City, Zip _____

Age at Camp _____ **Birthday** _____ **Grade 2008-2009** _____ **Sex** _____

Contact Person _____ **Contact Phone number** _____

Alternate phone number (s) _____

The new format for Art Camp will give each camper an opportunity to learn an art form. This will help us be aware of which children are interested in having a more in-depth opportunity to learn a particular art form and develop workshops based on their interests.

There will be eight (8) campers per class giving each child an opportunity to learn in a small group appropriate to their own age group. The younger group will have a class in the morning and the older in the afternoon. Times are 9:00 AM until Noon and 1:00 PM until 4 PM. **No lunch will be served.** Below is a list of classes offered and a child may choose any or all of the art forms. The cost is \$10 per class.

Please check any or all of the following classes your child wishes to take.

Pottery _____

Janice Entler & Bonnie Smith

Painting _____

Ann Day & Carol Little

Drawing _____

To be announced

Mosaic _____

Penny Arnold

Basketry _____

Marilyn Huey

Total Check enclosed: \$ _____

Remember that the classes are small and will be assigned on a first-come, first-served basis so fill out your application as soon as possible.

Every effort will be made to accommodate your preference for classes and dates.

Please indicate which week is preferable to your schedule:

July 7 - 11 _____

July 14-18 _____

You will be contacted by the Art Camp Coordinator to let you know the date of the classes chosen. Should the number of campers exceed class size, you will be called and there will likely be a waiting list.

Further Information needed:

Phone Numbers

Mother's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Father's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Emergency Contact

Name _____ Relationship to camper _____

Contact number _____

Medical & Emergency Information

Allergies _____

List any other medical issues the camper may have _____

In the Event the parent is not available in case of emergency, I hereby grant the Council of the Arts, Inc. Permission to secure emergency medical treatment.

Signed by Parent or Guardian _____ Date _____

Please fill out this application and mail with your check payable to Council of the Arts, Inc. to **1917 Cogswell Ave, Suite 3, Pell City, AL, 35125**. Should you have any questions, call the Gallery at 205-884-2787 or Carol Little, Art Camp Coordinator at 205-640-4258.