



# Fine Arts Camp

Ages 5-14  
June 25<sup>th</sup> - August 3<sup>rd</sup>

Come join us for a fun-filled art workshop camp at the Sundance School!

This 6-week camp is for budding Rembrandts or any camper who just loves art! Campers will work on age-appropriate projects with a finished product any camper would be proud to take home! The camp concludes with an art show featuring our young artists and their masterpieces.  
(Enrollment permitting)

### CHOOSE SCHEDULE MON - FRI

- 9:00 - 3:00 PM (\$550 weekly) (\$440 week of 7/2)
- 9:00 - 12:00 PM (\$400 weekly) (\$320 week of 7/2)
- 9:00 - 11:30 AM (\$300 weekly) (\$240 week of 7/2)

Choose your week(s):

- Week 1 (June 25 - June 29): Mask Making - Explore the art of mask making.
- Week 2 (July 2 - July 6)\*: Printing! - Explore the ancient art of printmaking.
- Week 3 (July 9 - July 13): Painting - Watercolor, tempera, and acrylic.
- Week 4 (July 16 - July 20): Sculpture - Having fun with "art in the round!"
- Week 5 (July 23 - July 27): Art History Comes Alive! - Explore the creative process of artists.
- Week 6 (July 30 - August 3): Arts & Crafts!



\*No Camp Wednesday, July 4<sup>th</sup>

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Male  Female

**Birthdate:** \_\_\_\_\_

**T-Shirt Size:** YXS YS YM YL AS AM AL

Address & Town: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ This is a  cell phone or  home phone (check one)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Sundance is open from 7:30AM– 5:00PM.** If you need extended care (*before 9AM/after 3PM*) please fill in the time and circle the days you will need extended care. Extended hours can be modified at any time. If you need different times on different days, please write the time next to the day.

**EARLY BIRDS:** I WILL NEED MY CHILD TO ARRIVE AT: M \_\_\_\_\_ / T \_\_\_\_\_ / W \_\_\_\_\_ / TH \_\_\_\_\_ / F \_\_\_\_\_

**LATE TRAIN:** I WILL NEED MY CHILD TO REMAIN UNTIL: M \_\_\_\_\_ / T \_\_\_\_\_ / W \_\_\_\_\_ / TH \_\_\_\_\_ / F \_\_\_\_\_

Please let us know if your child has any medical, physical problems, allergies or special needs that should be considered or if you have any special recommendations:

If the school fees the services of a physician are required, the following physician is authorized to treat my child.

| Name | Phone |
|------|-------|
|------|-------|

In the event of a medical emergency and you are unable to contact either parent, I hereby give permission for my child to be given medical treatment by the rescue if necessary, and/or any other duly qualified medical personnel. If the school is unable to reach me by phone, the following individuals are authorized to take my child from school and to assume responsibility for my child in the event of an emergency.

| Name | Address | Phone | Relationship to child |
|------|---------|-------|-----------------------|
|------|---------|-------|-----------------------|

| Name | Address | Phone | Relationship to child |
|------|---------|-------|-----------------------|
|------|---------|-------|-----------------------|

**Pick Up Authorization**

Please provide the maiden name of your child's maternal grandmother as the pick-up authorization code: \_\_\_\_\_  
This code will be required in the event you are calling the school to request someone other than a regularly scheduled driver to take your child home from school. No child will be released to another driver without written or verbal authorization from the parent. Alternate drivers will be asked for identification.