



Fine Arts Camp

Ages 5-12 (K-6)
June 12th - August 18th

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) (*\$330 week of 7/5*)
- 9:00 - 12:00 PM (\$400 weekly) (*\$240 week of 7/5*)
- 9:00 - 11:30 AM (\$300 weekly) (*\$180 week of 7/5*)

Choose your week(s):

- Week 1 (June 12 - June 16): Mask Making - Explore the art of mask making.
- Week 2 (June 19 - June 23): Printing! - Explore the ancient art of printmaking.
- Week 3 (June 26 - June 30): Printing- Explore the ancient art of printmaking.
- Week 4 (July 5 - July 7): Painting - Watercolor, tempera, and acrylic.
- Week 5 (July 10 - July 14): Sculpture - Having fun with "art in the round!"
- Week 6 (July 17 - July 21): Art History Comes Alive! - Explore the creative process of artists.
- Week 7 (July 24 - July 28): Arts & Crafts!
- Week 8 (July 31 - August 4): Painting! - Watercolor, tempera, and acrylic.
- Week 9 (August 7 - August 11): Printing! - Explore the ancient art of printmaking
- Week 10 (August 14 - August 18): Arts & Crafts!

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.