

CALL (254) 752-4371 or VISIT www.artcenterwaco.org FOR MORE INFO!!!

Summer Art & Adventure Camp 2010

Schedule

Session 1: June 14 - 18	Monday -Friday	ages 7 - 12	AM or PM Camp & ALL DAY Camp
Session 2: June 21 - 25	Monday -Friday	ages 7 - 12	AM or PM Camp & ALL DAY Camp
Session 3: July 5 - 9	Monday -Friday	ages 4 - 6	AM Camp only
Session 4: July 19 - 23	Monday-Friday	ages 7 - 12	AM or PM Camp & ALL DAY Camp
Session 5: July 26 - 30	Monday -Friday	ages 7 - 12	AM or PM Camp & ALL DAY Camp

Tuition

~ LIMITED FULL & PARTIAL SCHOLARSHIPS AVAILABLE ~

AM Camp	9am -12pm	Art &/or Adventure Activities	\$ 95 per SESSION	8:45 AM
PM Camp	2pm - 5pm	Art &/or adventure Activities	\$ 95 per SESSION	EARLIEST DROP OFF
ALL DAY Camp	9am - 5pm	Art &/or Adventure Activities	\$175 per SESSION	5:00 PM
				LATEST PICK UP

Art Activities

- ✓ Create 2-D & 3-D masterpieces!
Sculptures, Murals, Drawings, Paintings, Monoprints, Collages
- ✓ Discover art & artists of the past!!
Picasso, Matisse, O'Keefe, Warhol, DaVinci, Dali, Pollock
- ✓ Explore your world & curiosities!!!
Art Journals, Group Activities, Imagination Exercises



Meals

AM, PM & ALL DAY Campers are provided with periodic snacks. ALL DAY Campers ONLY should bring a sack lunch from home to enjoy during a supervised lunch and relaxation period that starts at noon.

Wear

Aprons and smocks are provided for ART ACTIVITIES, however, we recommend all campers wear old, comfortable, cotton-based play clothes & sturdy, close-toed shoes—especially for outdoor ADVENTURE ACTIVITIES.



Adventure Activities

- ✓ Create nature rubbings & sun-cooked food!
Make memories & friends as you learn life skills!!!
- ✓ Discover the trail blazer in you!!
Learn to read a compass & find your own path!!
- ✓ Explore the Bosque River in a canoe!!!
Relax & enjoy as you paddle in the sun safely with a life guard!



General

Name of parent/guardian _____ Relation _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Alternate phone _____

E-mail address _____

Medical

Emergency contacts

(1) Name _____ Relation _____

Phone _____ Alternate phone _____

(2) Name _____ Relation _____

Phone _____ Alternate phone _____

Name of doctor _____ Phone _____

Health insurance provider _____ Policy number _____

Allergies &/or other medical conditions _____

COMPLETE FRONT & BACK AND

RETURN w/ TUITION PAYMENT IN FULL TO:

The Art Center of Waco
1300 College Dr Waco, TX 76708
FAX: (254) 752-3506



Gear

We recommend AM & PM Campers at least bring a hat, towel and water bottle to days of camp. ALL DAY Campers should bring a bag packed with a change of clothes, hat, towel and water bottle.



Campers are supervised during all indoor and/or outdoor activities, snacks and lunch between 8:45 am & 5:00pm. Children must remain @ ACW at all times until signed out by a parent or guardian.

FIND THE ARTIST & ADVENTURER IN YOU!!!



The Art Center of Waco
1300 College Drive
Waco, TX 76708

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1300 College Dr Waco, TX 76708

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Registration

Name of camper _____ Age _____

Desired camp session, dates & ages (circle)

Session 1: June 14 – 18 ages 7-12

Session 2: June 21 – 25 ages 7-12

Session 3: July 5 – 9 ages 4-6

Session 4: July 19 – 23 ages 7-12

Session 5: July 26 - 30 ages 7-12

Desired camp, time period & tuition due (circle)

AM Camp 9am - 12pm \$ 95

PM Camp 2pm - 5pm \$ 95

ALL DAY Camp 9am - 5pm \$175

Desired camp activities (circle)

ART ADVENTURE BOTH

RELEASE & HOLD HARMLESS AGREEMENT

Whenever possible, activities, instructors, and scheduling will be as represented. However, any of these may be subject to change without notice, due to unforeseen circumstances. In consideration of The Art Center of Waco's acceptance of my child's enrollment, I hereby waive and release any and all rights and claims to damages against The Art Center of Waco. I accept all risk inherent to camp activities, classes and/or workshops, and do hereby release The Art Center of Waco, its employees and representatives from all liability for injury incurred during camp proceedings. I further agree that in an event medical attention is required due to accident or illness, and the contact persons are unavailable, The Art Center of Waco shall be permitted to seek medical services, as it shall deem necessary and appropriate through EMS/911 and/or local hospitals. Further, I grant full permission to The Art Center of Waco to use photographs, videotapes and any other records of camp activities involving my child for any legitimate purpose.

Signature of parent/guardian _____

Date _____

NON-PROFIT ORG