



2018

Kids Summer Art Camp

at the Historic

Little Red School House

323 East Bagley Rd. • Berea, OH 44017

Completed **Kindergarten - Completed 4th Grade**

Monday, July 23 - Friday, July 27, 2018

9am - 4pm

Register Soon! Space is limited.

www.BereaArts.org

Join us for our second annual Summer Art Camp for kids! This is a unique opportunity for children to experience a wide variety of media and art activities. Students will create their own, individual masterpieces throughout the week assisted by instructors from our fine arts staff.

The following activities are planned (*activities may be subject to change*):

- Pottery
- Relief Printing
- Leather Working
- Watercolor Painting
- Chemigrams
- Japanese Drums (Taiko)
- and more. . .

FEES:

\$85 (\$75 for each additional child per family)

Note: This is a non-profit event. All fees go toward materials, expenses and activities.

LUNCH:

Each child should bring a brown bag lunch. *Bottled water and snacks will be provided.*

REGISTER BY: June 15, 2018

QUESTIONS?

Call Roy 330-225-1759 or
email: bereaFAC@gmail.com

Visit our website for the latest information:

www.BereaArts.org

YES! I want my child to attend the Berea Fine Arts Club's
2018 Kids Summer Art Camp

at the Historic Little Red School House
323 E. Bagley Rd. • Berea, OH 44017

Completed Kindergarten - Completed 4th Grade

Monday, July 23 - Friday, July 27, 2018 • 9am - 4pm

\$85 (\$75 for each additional child per family)

REGISTRATION DEADLINE: June 15, 2018; Late Fee after June 30th

Make checks payable to: **THE BEREA FINE ARTS CLUB**
Mail ALL FORMS & PAYMENT to: **P.O. Box 361001 • Strongsville, OH 44136**

Questions? Call: Roy 330-225-1759 or email bereaFAC@gmail.com

Child's Name / Nickname: _____

Child's Age: _____ Child's Grade (as of Spring 2018): _____

Parent / Legal Guardian Name: _____

Please Print

Please Sign

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

In case of Emergency, please contact:

Contact #1 - Name / Phone Number / Relationship:

Contact #2 - Name / Phone Number / Relationship:

*For safety purposes, please provide proper ID when picking up your child.
My child will be picked-up by:

Berea Fine Arts Club, 2018 Art Camp, July 23 thru July 27 2018

Art Camp Week

❖ **Please send ALL FORMS and PAYMENT to: Berea Fine Arts Club,
P.O. Box 361001, Strongsville, OH 44136**

- Arrival time: **9:00 AM**
- Dismissal time: **3:50 pm, Monday thru Thursday**
Please come at 3:00 pm on Friday There will be a gallery exhibition of works created by the children. Come and support your favorite young artist. We will end at **4:00 pm**. All are welcome!
- Bring each day: **brown bag lunch** break-time snacks and water will be provided
- Wear: **old comfy clothes** that you would not mind getting some dye, paint or glue on
- No need to send your child **with extra** supplies All art materials will be provided
***If your child will be **needing** a cell phone, we will **safeguard those in a basket**.
- Should you have any questions during our Art Camp, the number to call is 440-382-1706. You will reach Mr. Matt, our Camp Director, who will be on site daily.

Please keep the top half of this document for your reference.

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PLEASE Fill out Information and send in with registration and payment for each child coming

It would help us do the right things for your child if you would share any additional information about your him or her, such as

- Medical concerns _____
- Allergies: _____
- Learning: _____
- Other: _____
- T-Shirt size ___ XS 4-5 ___ S 6-7 ___ M 8 ___ X ___ L 10-12 ___ XL 14-16

Thank you

Matt Richards

BFAC

Camp Director 2018

Emergency Medical Authorization

Berea Fine Arts Club 2018 Art Camp, July 23 thru July 27, 2018

Student Name: _____ Telephone: _____

Address: _____ City: _____

Purpose of this document: To enable parents and guardians to authorize the provision of emergency medical treatment for children who may become ill or injured while under Berea Fine Art Club’s authority when parents or guardians cannot be reached.

Part I or Part II must be completed.

Part I to Grant Consent

In the event reasonable attempts to contact me at (phone number) _____ or other parent _____ at (phone number) _____ have been unsuccessful, I hereby give my consent for: (1.) the administration of any treatment deemed necessary by (preferred physician) Dr. _____, or (preferred dentist) Dr. _____ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2.) the transfer of the child to (preferred hospital) _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child’s medical history including allergies, medications being used, and any physical impairments to which a physician should be alerted are:

Date: _____ Signature of Parent or Guardian: _____

Do not complete Part II if you have completed Part I

Part II REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the Berea Fine Art Club authorities to take no action except the following:

Date: _____ Signature of Parent or Guardian: _____