



# 2023 Art Camp!

Students (who completed grades 2-5) are invited to participate in an exciting 4 days of art camp. Students will have fun creating imaginative works of art, exploring art processes, and playing games. Snacks, drinks, and all materials will be provided.

**WHEN:** Monday, June 5th - Wednesday, June 7th

**Choose either the morning or afternoon camp:**

\_\_\_\_\_ Morning camp: 8:00 to 11:00

\_\_\_\_\_ Afternoon camp: 12:00 to 3:00



**WHERE:** Lake Hamilton Elementary Art Room

**COST:** \$75 per student

**TO REGISTER:** Complete and sign the form below. Please include payment (cash or a check made payable to Sarah Riley, or submit payment through PayPal to sarahriley900@gmail.com.) Return the form and payment to Sarah Riley (LHES Art) by Friday, May 19th, 2023. **I will text or call you to confirm that I received your payment. If you do not receive a confirmation, I did not receive your payment and do not have your child signed up.**

\*Space is limited, so your spot is saved when payment is received.

\*\$25 will be retained if you must cancel.

## 2023 SUMMER ART CAMP

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (2022-2023): \_\_\_\_\_ Name of 2022-2023 Homeroom Teacher: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

If there are restrictions regarding who should or should not pick up your child, please note them here:

Select the camp your child will attend June 5-7 (pick one):

\_\_\_\_\_ Morning Camp (8:00-11:00), \$75

\_\_\_\_\_ Afternoon Camp (12:00-3:00), \$75



List your child's food allergies and other medical conditions I should be aware of:

### Parent/Guardian must sign below:

The undersigned agrees to hold harmless and release Sarah Riley and the Lake Hamilton School District, its agents and employees from any liability which may be suffered by the above named student registered in the above named program and arising out of or in any way connected with participation in the program. The undersigned authorizes the use of any first aid emergency care in the event of an injury or illness sustained while participating in the program.

**Signature of Parent/  
Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_