

FREE RAIDER ART CAMP

Monday, July 8th – Friday, July 12th

Time: 8:30 a.m. - 11:00 a.m.

Location: City of Burden Park Pavilion

Age: 4 years old – 6th Grade



Swim lessons will be going on at the same time as art camp. If your student is riding the bus or staying from 8:30 – 11:00 a.m., they will automatically be participating in art camp when their group is not swimming. Check in (8:30 a.m.) and check out (11:00 a.m.) for students NOT being transported by a school vehicle will be at the Burden Park Pavilion.

Transportation schedule: All students that are transported to swim lessons/art camp by the school bus will go to lunch at CES (Mon.-Thurs.) and eat a hotdog lunch at the pavilion (Fri.), and then be transported from there to the designated areas listed below.

<u>Community</u>	<u>Pick-Up Time</u>	<u>Anticipated Drop-Off Time</u>
Atlanta Christian Church	8:15 a.m.	Noon
Cambridge Presbyterian Church	8:15 a.m.	Noon
Grenola Christian Church	8:00 a.m.	12:15 p.m.

Please make sure your student has breakfast before coming to camp. **Your student should dress in appropriate attire that can get messy and/or bring an old t-shirt to throw over their swimsuit.**

Any Questions??? Contact Jillian Henning

by email at jhenning@usd462.org or call 620-438-2215 (School) or (Cell) 620-222-7416

----- Cut Here & Return the Slip Below – 2019 Free Art Camp -----

FREE RAIDER ART CAMP REGISTRATION

Return this completed form to Central Elementary before the end of school or to the Burden Pool or Burden City Office anytime this summer. Registration will be available on the first day of camp, as well.

PARTICIPANT'S NAME: _____ **Grade as of August 2019** _____

I, _____, do hereby acknowledge that _____ has no conditions, which would prohibit or restrict his/her participation with the Central Raider Art Camp. I authorize any representative of CHS Art Department to locate qualified and licensed medical personnel and/or transport my child to an appropriate medical facility in the event that it may become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

Parent/Guardian Name (Print) _____ Address/City _____

Contact Phone _____ E-Mail Address _____

Parent/Guardian Signature _____

Pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, medication, epilepsy, etc.