

CLC 2016 SUMMER ART & MUSIC CAMPS

WAM! World Art and Music

Dates: June 20- 24 & June 27– July 1, 2016

Ages: Rising Pre-K (4 yr.) through Rising 7th grades

Time: Full (9:00 –4:30) or half day (9:00 –12:15) options

Instructors: Julie Carres & Patty Callender

Join us for a week filled with multicultural music and art experiences. Art projects include painting, drawing, sculpting, textiles, and printing. Drumming, world percussion, song and dance will all be explored, as well as outdoor fun and games! Campers will create a gallery to share their art and give a music presentation for parents, family and friends on Friday.



LOCATION: Cornerstone Learning Community
2524 Hartsfield Road, Tallahassee 32303

COST:
Half Day, 12:15 pick-up: \$100 tuition for the week, \$75 for siblings
Full Day, 4:30 pick up: \$185 tuition for the week, \$140 for siblings

REGISTRATION: Registration and medical/consent forms are included with this flier. **All forms must be accompanied by \$50 Deposit OR Full Tuition to ensure placement in the camp.** Deposit will be deducted from total due.

CONTACT PERSON: Patty Callender, pacallender@yahoo.com, 850-545-2337

Medical/consent form for CLC Music and Art Camp

NAME OF PERSON(S) RESPONSIBLE FOR DROP-OFF AND PICK-UP :

PHONE NUMBER _____

EMERGENCY CONTACT INFORMATION:

1. NAME _____ PHONE NUMBER _____

2. NAME _____ PHONE NUMBER _____

3. NAME _____ PHONE NUMBER _____

MEDICATION INFORMATION:

My child is currently taking the following medications: (please list all medications, including those taken at home)

Please list any health problems or concerns:

In the event my child is injured or becomes ill and the personnel at Cornerstone Learning Community are unable to contact either parent or emergency contact, I authorize my child's teacher and/or a representative of Cornerstone Learning Community to contact the physician listed and obtain any and all care this physician deems necessary. Should CLC personnel be unable to contact said physician I understand the child will be transported to an emergency medical facility and care obtained as deemed necessary by the physician on duty.

Physician _____ Telephone _____

Hospital preference: _____

Parent Signature: _____ Date: _____

CONSENT:

I, _____, give my child(ren), _____ permission to attend the following Music and Arts Camp(s) at Cornerstone Learning Community:

June 20-24, 2016 &/OR June 27 – July 1, 2016.

I have read and understand the above information. INITIAL HERE _____