

Cedar Key Arts Center Announces Summer TEEN Art Program 2021

(for upcoming 6th through 12 graders)

Come to the Cedar Key Arts Center and Learn

Dates: July 12th – 23rd, 2021

Theme: *Mindfulness in Art*

Student Art Exhibit: Virtual

For 6th - 12th graders, Time 1 – 3, 1 - 3:30 or 1 - 4 pm depending on the class, M – F. Materials fee \$40 total to attend all the sessions, or \$10 per class attended. (Scholarships are provided through CKAC and its supporters and are available in part or total, but must be approved ahead of time, please ask: Patty Jett.)

Enrollment is limited to 10 teens so return your form today.

Deadline for registration is June 25, 2021

Date Received: _____

Come and Join the Fun!

Registration Form

Student Name _____

Grade _____ (next school year) Age _____ Birthdate _____

Father's Name _____ Mother's Name _____

Street Address _____

Mailing Address _____

Email _____

Home Phone _____ Cell Phone _____

Emergency Contact Name/Relationship _____

Emergency Phone # _____ Second Phone # _____

Sign up for all sessions _____ July 12th – 23rd – Fee: \$40

OR Select individual classes you would like to attend (\$10 each):

If you sign up for classes with two sessions, please plan on attending both.

_____ Silk Painting – 2 days, Monday, July 12, 1 – 4 & Tuesday, July 13, 1 – 4

_____ Clay – 2 days, Wednesday, July 14, 1 – 3:30 or 4, & Tuesday, July 20, 1 – 3:30 or 4

_____ Basic Woodworking – 2 days, Thursday, July 15, 1 – 4 & Monday – July 19, 1 – 4

_____ Reclaimed Glass Mosaics – Friday, July 16, 1 – 3

_____ Drawing/Portrait – Wednesday, July 21, 1 – 3:30 or 4

_____ Fabric Painting & Crazy Sewing – 2 days, Thurs, July 22nd, 1 – 3:30 or 4, & Friday, July 23rd, 1 – 3:30 or 4

(PLEASE TURN OVER AND COMPLETE 2ND PAGE)

Consent Agreement

- I agree that my child is to maintain behavior in accordance with CKAC Code of Conduct.
- In case of emergency, please contact parent if possible, then emergency services, or seek prompt medical attention immediately if necessary.

Parent/guardian Signature _____ Date _____

Medical Information for _____
 Child's name _____

List any allergies _____

Medications and Medical conditions we need to be aware of _____

Doctor's Name _____ Doctor's phone # _____

Insurance Company _____

I agree to be financially responsible for any medical treatment deemed necessary by the child's doctor or qualified medical personnel, if I cannot be reached during an emergency.

Signature _____ Date _____

_____ My child will be picked up by _____ or
 _____ My child can walk/ride bike home unaccompanied.

Other transportation information _____

PERMISSION TO PHOTOGRAPH

Place a checkmark or **X** in the **YES** box next to each action for which you **ARE** granting permission. Place a checkmark or **X** in the **NO** box next to any action for which you are **NOT** granting permission.

YES	NO	DESCRIPTION OF ACTION
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for a slide show to be shown at Cedar Key Arts Center functions.
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for news articles
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for use on CKAC website and/or Facebook as long as no name is used.
		The Cedar Key Arts Center (CKAC) has my permission to use, copy, reproduce, and display the artwork in connection with promotional activities for CKAC world wide in all forms advertising, direct mail, exhibitions, and classroom presentations.

Parent/guardian Signature _____ Date _____

_____ I would like to volunteer to assist at art camp _____ (day or days)

Please return this registration/application to one of the following locations ASAP:

- Cedar Key Arts Center, P. O. Box 949, Cedar Key, FL. 32625 or drop off at Cedar Keyhole, 457 2nd Street
- Cedar Key School to Ms. Charlotte Yearty to be picked up by Patty Jett.

Deadline for registration is June 25, 2021 -- Please make checks payable to Cedar Key Arts Center. Class size is limited to 10 students per session for the Teen Art Program.

For questions or more information: Patty Jett at 543-5722 (Home) or 562-6472 (cell) or jett32625@yahoo.com (email)

For Art Center Use: _____ Form completed and signed.

_____ Amount Paid _____ Check _____ Cash _____ Scholarship