

**Cedar Key Arts Center Announces  
Summer TEEN Art Program 2024**

(Available to up-coming 6th through 12 graders.)

**Dates: July 8th - July 18th**

**Student Art Exhibit: July 19th, Time & details to be announced.**

**Theme for 2024: Think, Explore, Create**

For 6<sup>th</sup> - 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 - (352) 562-6472.)

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

Deadline for registration is June 28, 2024

Date Received: \_\_\_\_\_

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Student Name \_\_\_\_\_

Grade \_\_\_\_\_ (next school year) Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/s or Legal Guardian's Name/s \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name/Relationship \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Second Phone # \_\_\_\_\_

Sign up for all sessions \_\_\_\_\_ July 8<sup>th</sup> – 18<sup>th</sup> 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.

\_\_\_\_\_ Make Your Own Sketchbook - Monday, July 8, 1 – 4

\_\_\_\_\_ Fused Glass Abstract Mask - Tuesday, July 9, 1 - 4

\_\_\_\_\_ Clay (2 days) – Wednesday, July 10, 1 – 3:30 and Wednesday July 17, 1 - 3:00

\_\_\_\_\_ Still Life Drawing – Thursday, July 11, 1 – 3

\_\_\_\_\_ Up-Cycled Art From Found Objects - Friday, July 12, 1 - 4

\_\_\_\_\_ Japanese Kumihimo Braiding - Monday, July 15, 1 – 3:00

\_\_\_\_\_ Pastel Portrait Painting - Tuesday, July 16, 1 – 3:30

\_\_\_\_\_ Sewing Messenger Bags - Thursday, July 18, 1 – 3:30

(PLEASE TURN OVER AND COMPLETE 2<sup>ND</sup> 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 a 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/days)

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

**Drop off at Cedar Keyhole, 457 2nd Street, Cedar Key or mail to Cedar Key Arts Center,**

**P. O. Box 949, Cedar Key, FL. 32625**

**Cedar Key School Front Office or Patty Jett.**

**Class size is limited to 10 students per session for the Teen Art Program.**

**Please make checks payable to Cedar Key Arts Center.**

**For questions or further information please contact:**

**Patty Jett: Text or call (352) 562-6472 or email [jett32625@yahoo.com](mailto:jett32625@yahoo.com)**

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For Art Center Use: \_\_\_\_\_ Form completed. \_\_\_\_\_ Amount \_\_\_\_\_ Paid \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Scholarship