

Camp Create: March Break

Introducing the Art Gallery of Guelph's March Break Art Camp for Kids!



March 12 – 16, 2018 | 9:00 am – 4:00 pm | Art Gallery of Guelph (358 Gordon Street, Guelph)

Kids aged 7 – 13 are invited to join **Camp Create: March Break** and explore their creativity. AGG March Break campers will be part of a unique collaborative art project developing over the week of March 12-16, 2018. Participants will explore painting and sculpture and learn about different approaches to design, pattern, and colour as they transform the surfaces of locally sourced knick-knacks and everyday objects to create an installation that grows and changes in the gallery and is open to the public for viewing.

Camp Create: March Break is designed for children aged 7 – 13. Children slightly above the age range are welcome to join with the understanding that lessons are geared towards the posted ages, but we ask that parents respect the minimum age limit.

Wondering if your budding artist is ready to tackle new and creative art-making techniques? We welcome those with little or no experience! Campers should be able to: (1) use art supplies on their own accord; (2) follow directions from Camp Staff.

Camp Create: March Break is pleased to offer extended drop off and pick up hours. Morning drop off is from 8:30 – 9:00 am and afternoon pick up is from 4:00 – 4:30 pm.

Camp Create: March Break is a peanut-free environment. If additional known allergies are identified to our Staff, further notification will be provided.

We strive for **Camp Create: March Break** to be accessible to all. We are available to discuss any questions or concerns you may have about making **Camp Create: March Break** work for you. It is important to note that although we have small class sizes we cannot provide one-on-one care to campers with extraordinary needs.

Interested in **Camp Create: March Break**? Register early to avoid disappointment! Registration for **Camp Create: March Break** may be completed in person or on the phone.

The fee per week is \$250, includes all art supplies and early drop-off/late pick-up. Payment can be made by credit card or cheque.

For more information about **Camp Create: March Break** programs and policies, please contact 519-837-0010 x2 or email info@artgalleryofguelph.ca

We look forward to welcoming your Camper to **Camp Create: March Break**!

Sincerely,

The Camp Create: March Break Team

MARCH BREAK CAMP 2018

REGISTRATION FORM

Please print clearly in blue or black ink and use one form per child.



| | | |
|---------------------|----------------------------|------------------------|
| _____ | _____ | _____ |
| CHILD'S FIRST NAME | CHILD'S LAST NAME | CHILD'S AGE |
| _____ | _____ | _____ |
| PARENT'S FIRST NAME | PARENT'S LAST NAME | CHILD'S DATE OF BIRTH |
| _____ | _____ | _____ |
| ADDRESS | CITY | PROVINCE |
| _____ | _____ | _____ |
| POSTAL CODE | EMAIL (MANDATORY) | |
| _____ | _____ | _____ |
| HOME PHONE NUMBER | PARENT'S WORK PHONE NUMBER | PARENT'S MOBILE NUMBER |

ARE YOU AN AGG MEMBER? YES NO

HOW DID YOU HEAR ABOUT AGG'S CAMP CREATE: MARCH BREAK CAMP?

- | | |
|--|--|
| <input type="checkbox"/> MONTHLY eNEWSLETTER | <input type="checkbox"/> NEWSPAPER/MAGAZINE ADVERTISEMENT |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> ONLINE ADVERTISEMENT OR DIRECTORY |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |

TOTAL SESSION FEE \$ _____

PURCHASE A FAMILY MEMBERSHIP, RECEIVE 10% ON ALL CAMP REGISTRATIONS (ADD \$60)

TOTAL PAYMENT\$** _____

(INCLUDING FAMILY MEMBERSHIP IF SELECTED)

PAYMENT OPTIONS

- CHEQUE (PAYABLE TO ART GALLERY OF GUELPH. PLEASE ATTACH CHEQUE TO REGISTRATION FORM)
- VISA MASTERCARD AMERICAN EXPRESS CASH (DROP OFF)

| | |
|-----------------------------|-------------------------|
| CREDIT CARD NUMBER | CREDIT CARD EXPIRY DATE |
| NAME ON CARD (PLEASE PRINT) | SIGNATURE |

**FAMILY MEMBERSHIP MUST BE ACTIVE DURING YOUR CHILD'S SESSION TO RECEIVE MEMBERS' PRICING.

CANCELLATION POLICY: IN ORDER TO WITHDRAW YOUR CHILD FROM A CAMP BEFORE THE STARTING DATE, PLEASE CONTACT AGG AT LEAST 21 DAYS BEFORE THE BEGINNING OF THE CAMP SESSION. REGISTRATIONS CANCELLED IN LESS THAN 21 DAYS PRIOR WILL BE ELIGIBLE FOR A 50% REFUND.

LOW ENROLLMENT CANCELLATION POLICY: AGG RESERVES THE RIGHT TO CANCEL ANY PROGRAM DUE TO LOW ENROLLMENT, UP TO ONE WEEK PRIOR TO THE START DATE.

MARCH BREAK CAMP 2018 PARENTAL CONSENT FORM

Please print clearly in blue or black ink and use one form per child.

I GIVE PERMISSION FOR _____ TO PARTICIPATE IN CAMP CREATE: MARCH BREAK CAMP 2018 AND I **ASSUME THE RISKS** THAT MAY ACCOMPANY SUCH PARTICIPATION.

I AGREE THAT ART GALLERY OF GUELPH, ITS OFFICIERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS SHALL NOT BE LIABLE FOR INJURY, LOSS, OR DAMAGE TO MY CHILD OR MY CHILD'S PROPERTY ARISING OR RESULTING FROM PARTICIPATION IN THE MARCH BREAK CAMP PROGRAM. I GIVE ART GALLERY OF GUELPH STAFF OFFICIALS THE AUTHORITY TO ACT ON MY BEHALF IN THE EVENT OF AN EMERGENCY.

I GIVE PERMISSION FOR IMAGES OF MY CHILD AND HIS/HER ARTWORK TO APPEAR IN PROMOTIONAL MATERIALS SUPPORTING ART GALLERY OF GUELPH AND ITS ACTIVITIES. YES NO

I GIVE PERMISSION TO ART GALLERY OF GUELPH TO RELEASE MY CHILD INTO THE CUSTODY OF:

| | | |
|------|--------------|--------------|
| NAME | RELATIONSHIP | PHONE NUMBER |
| NAME | RELATIONSHIP | PHONE NUMBER |

MEDICAL/HEALTH INFORMATION (THIS INFORMATION IS KEPT CONFIDENTIAL).

| | |
|-----------------------|----------------------------|
| CHILD'S NAME | ONTARIO HEALTH CARD NUMBER |
| CHILD'S DOCTOR'S NAME | DOCTOR'S PHONE NUMBER |

PLEASE CHECK **YES** OR **NO** AND PROVIDE FURTHER DETAILS, WHERE NECESSARY.

DOES YOUR CHILD HAVE ALLERGIES? YES NO

PLEASE SPECIFY: _____

IS YOUR CHILD TAKING ANY MEDICATION(S)? YES NO

PLEASE SPECIFY: _____

DOES YOUR CHILD CARRY AN EPI-PEN? YES NO

IS THERE ANY ADDITIONAL HEALTH, LEARNING, OR BEHAVIOURAL INFORMATION THAT IS IMPORTANT FOR AGG TO KNOW?

PLEASE SPECIFY: _____

EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

| | | |
|-------------------------------|-----------------------|-----------------------|
| _____ PRIMARY CONTACT NAME | _____ RELATIONSHIP | _____ PHONE NUMBER |
|-------------------------------|-----------------------|-----------------------|

| | | |
|---------------------------------|-----------------------|-----------------------|
| _____ SECONDARY CONTACT NAME | _____ RELATIONSHIP | _____ PHONE NUMBER |
|---------------------------------|-----------------------|-----------------------|

| | |
|--|---------------|
| _____ SIGNATURE OF PARENT OR GUARDIAN | _____ DATE |
|--|---------------|

YES, I WANT TO RECEIVE EMAILS FROM AGG ABOUT UPCOMING EXHIBITIONS, PROGRAMS, EVENTS AND SALES IN THE GALLERY SHOP (YOU CAN UNSUBSCRIBE TO THESE EMAILS AT ANY TIME)