

# RIVER VALLEY PRESCHOOL SUMMER ART CAMP



Mini makers art camp! Each day will be filled with exploration in art, a time to play, have fun, and experiment! Campers will engage in a variety of painting techniques using many different tools and art mediums. In addition, story time and outdoor play will keep your young explorer excited and engaged!

Mini makers art camp: For children 3-5 years of age (Must be fully potty trained.)  
 Dates: June 4-8 or June 11-15, 2018 (Choose which week and session times you prefer below.)  
 Times: Choose between: Morning: 9:00-11:00 or Afternoon: 12:00-2:00  
 Cost: \$55 (Cost includes art materials.)  
 Site: River Valley Preschool

Attire: **ART IS VERY MESSY!** Only send your child in clothes that can be ruined!



**SPACE IS LIMITED TO 15 CHILDREN PER SESSION!**

Fill out bottom portion and return to Cheryl Haluska, Kristi Blank, or RVC Main Office. Make checks payable to Cheryl Haluska.

Participant's Name: \_\_\_\_\_ age: \_\_\_\_\_

Circle session choice:

June 4-8:      Session 1 9:00-11:00   -or-   Session 2 12:00-2:00

June 11-15:   Session 3 9:00-11:00   -or-   Session 4 12:00-2:00

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone—Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any allergies and/or hearth concerns we should be aware of?  
 If yes, please explain. \_\_\_\_\_



## WAIVER

I hereby waive, release and forever discharge River Valley Church and Preschool and the RVP Summer Camp, including its' staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this camp. If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate hospitalization to cover such injuries that may occur during the River Valley Preschool Art Camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Information: In case a parent/guardian cannot be reached, please contact this person:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_