

2017 ACMS Youth Service Center Summer Art Camp



What: A free 4 day summer art camp designed to provide art enrichment and fun activities for students.

Activities include: Gelli Printmaking, Linoleum Printmaking, Acrylic Painting, Clay Sculptures, Jewelry Making, Mixed Media Watercolor Painting, and Custom T-Shirts!!!

Who: The first 15 students who register and are currently in grade 6, 7, or 8.

*When: June 26, 27, 28, and 29 from 9:00 a.m. - 12:00 p.m.
(Transportation will not be provided)*

Where: Anderson County Middle School Art Classroom

How: Complete the attached registration form and the student agreement and return it to your school's YSC or by mailing it to the following address by Friday, May 19th:

*Anderson County Middle School
C/o Beckey Johnson, YSC Director
1 Mustang Trail
Lawrenceburg, Kentucky 40342*

Confirmation will be sent home May 22.



2017 ACMS Youth Service Center Summer Art Camp

June 26, 27, 28, and 29

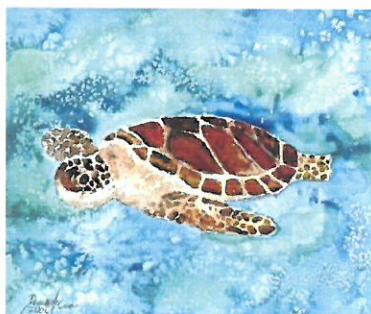
Day 1: Fruit Gelli Prints



Lino Prints

and Fruit

Day 1: Begin Underwater Sea Life Mixed Media Painting



Day 2: Finish Underwater Sea Life Mixed Media Painting



Begin Tiki Clay Sculptures



Day 3: Glaze Tiki Clay Sculptures



Day 3:



Shrinky Dinks

Day 4:



Pineapple Painting - Acrylic on Canvas

Custom Marabu Sprayed T-Shirts

Program Use Only

Child's Name _____

Date of Registration _____

Allergies: _____

ACMS ART CAMP 2017
Enrollment Form

Child's Information		
Child's Last Name	Child's First Name	Name prefers to be called
Home Address		Home Phone Number
Date of Birth	Grade	School your child attends
Parent/Guardian Information		
Mother's Name		Phone
Address		Cell Phone
Employer	Email	Work Phone
Father's Name		Phone
Address		Cell Phone
Employer	Email	Work Phone
Please list any medical conditions (diabetes, epilepsy, asthma...etc.)		
Please list any allergies and reactions (food, drugs, or medications):		

Program Use Only

Child's Name _____

Date of Registration

Allergies: _____

Emergency Information

List 2 local people who may be contacted in case of emergency or illness when the above listed people are not available.

Name	Relation to Child	Home Number
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Address	Work Number	Cell Phone
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Name	Relation to Child	Home Number
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Address	Work Number	Cell Phone
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Should your child be injured or become seriously ill while at Art Camp, the staff will make every effort to contact you. If she is unable to reach you or the people listed above, what steps would you like the staff to take?

Family Doctor	Phone Number
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Family Dentist	Phone Number
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Who will be picking your child up from the program each day at 12:00 p.m.?

I understand that my child is participating in Art Camp sponsored by the ACMS Youth Services Center on June 26-29, 2017. Either someone on my child's contact list or I will be bringing and picking up my child every day the program is in session. I also understand that Anderson County Schools, Anderson County Middle School, Family Resource & Youth Service Centers, and any other participating agencies are not liable for any injuries or lost or stolen items during the events of the summer camp session.

Parent / Guardian's Signature _____ Date: _____

I understand that my parents will be contacted if any discipline issues happen.

Student Signature _____ Date: _____