**The Artist’s Guide to the Gallery**

**Summer Camp 2020**

July 20-24

This art adventure is for students entering grades 2nd – 8th in the 2020-2021 school year. We will have an art gallery field trip each morning and studio time each afternoon. Field trips will include the OKC MOA, Fred Jones MOA, and Hotel 21 C. Art projects will include 2 and 3-dimensional work that will be tied to the artwork highlighted on field trips. This creative camp will be out of this world!

Cost for all students: $250

Maximum enrollment: 14

Minimum enrollment: 10

A $50 non-refundable deposit is due with the enrollment form by May 1st to hold your spot, and the balance is due by May 15th. Please return the form and payment to Ms. Sherri in the TVDS office.

**Drop Off and Pick Up Times**

Drop Off 9:00-9:15

Pick Up Time 4:00-4:15

**Snack:** Please send a quick and easy snack daily. We will work and play hard, and this will help your child make it to lunch!

**Lunch:** Please send your child’s lunch and a full water bottle daily. Both should be clearly labeled with your child’s name.

Contact Information: Julie Eberle 405)501-4781 julie@terraverdeschool.com

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**July 20-24, 2020**

STUDENT Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2020-2021: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian #1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/best day phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/best day phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best camp information email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Authorized to pick up child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Instructions: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Needs/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to Julie Eberle to photograph and/or videotape the student for education or promotional purposes. \_\_\_\_\_\_\_\_ (Initial)

Enrollment for non-TVDS families open April 1st. Your non-refundable deposit of $50 per session is due with registration to secure your child’s spot. The remaining balance is due May 15th. Please make all checks payable to Julie Eberle. Payment with the enrollment form may be given to Ms. Sherri in the TVDS Office.

By completing this form, I am releasing Julie Eberle and Terra Verde Discovery School and all employees and associates from responsibility of any injury or damages that might occur. I hereby authorize Julie Eberle to act for me according to their judgment in any emergency requiring medical attention and I hereby waive and release Julie Eberle and Terra Verde Discovery School and its employees from any and all liability stemming from any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment which would be affected by participation in the camp program as outlined.

PARENT OR GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_