



# CHILDREN'S ART WORKSHOP

Sponsored by  
**OLNEY ARTS COUNCIL**

July 12-16 3:30PM-5PM @ RCHS

## Participant Information

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Concerns:

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

## Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information - Alternate Pickup/Release

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child \_\_\_\_\_

## Tuition

Tuition is a non-refundable fee of \$25. Additional children within the same family will be at the discounted rate of \$10 each. Scholarship opportunities may be available. **All application entries due by Monday, July 5.** Please make all checks payable to OAC and mail to:

Olney Arts Council

C/O: Art Workshop

P.O. Box 291

Olney, IL 62450

**Camp Information**

**General Information**

Camp takes place at **Richland County High School** in the art room.

Drop-off is no earlier than 3:15 pm and pick-up is no later than 5:00 pm.

**What to bring:**

- A plastic or metal water bottle that can be refilled. No glass please!

**What to wear:**

- Dress in comfortable play clothes and clothes that can (and might!) get dirty!
- Shoes should be fully enclosed (either tennis shoes or sneakers secured with laces or velcro).
- NO flip-flops, NO sandals, NO crocs or shoes that have slippery soles or come off easily or have exposed toes.

**Photo Release**

I hereby give permission for my child to be photographed during the **OAC Children’s Art Workshop**. I understand the photos could be used for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Olney Arts Council and its affiliates.

Parent’s/Guardian’s Initials \_\_\_\_\_

The **Olney Arts Council and Richland County High School** are not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred. In case of an emergency, and if a family or emergency contact cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

-----OFFICE USE ONLY-----

AMOUNT PAID:\$\_\_\_\_\_.

DATE:\_\_\_\_\_

PAYMENT TYPE (CIRCLE):      CASH      CHECK      CHECK #\_\_\_\_\_