

# 2017 Summer Art Camp Schedule

## Celebrating 10 Summers of Just Giggling!

During summer camp the children will complete several canvases as well as incorporate paint into various other mediums, creating their own unique projects! All campers will receive a t-shirt and leave with multiple art projects to cherish forever!



**Each Session: \$200 (Includes All Supplies) Each Additional Sibling \$185**

**Each Session is different - Save \$10 per session when you register for multiple weeks**

**Please send a small snack or lunch as we will take a 15 min break each day**

### **CIRCLE the Session your child will be attending**

<b>Session 1 (4 hour/4 days)</b> All Ages (5 years and up) May 30-June 2 10am-2pm	<b>Session 4 (3 hour/5 days)</b> 4 year pre-sch-rising 2 <sup>nd</sup> gr June 19-23 10am-1pm	<b>Session 7 (3 hour/5 days)</b> Rising 1 <sup>st</sup> -4th graders July 10-14 10am-1pm	<b>Session 10 (4 hour/4 days)</b> All Ages (5 years and up) July 31-August 3 10am-1pm
<b>Session 2 (3 hour/5 days)</b> Rising 1st-4th graders June 5-9 10am-1pm	<b>Session 5 (3 hour/5 days)</b> Rising 5th-9th graders June 26-30 10am-1pm	<b>Session 8 (3 hours/5 days)</b> Rising 1st-5th graders July 17-21 10am-1pm	
<b>Session 3 (3 hour/5 days)</b> Rising 2 <sup>nd</sup> -5 <sup>th</sup> graders June 12-16 10am-1pm		<b>Session 9 (3 hours/5 days)</b> All Ages (5 years and up) July 24-28 10am-1pm	

**\*exceptions may be made for siblings/friends of different ages who would like to attend the same session!**

Camper's Name \_\_\_\_\_ Youth T-shirt Size (circle) S M L XL  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_  
List any Medical Conditions \_\_\_\_\_

I/We, the above participant(s), and parent(s)/guardian(s), do hereby consent to my child, \_\_\_\_\_  
to participate in the above program, including all activities. I/We assume all responsibilities for, and risks and hazards of  
participation in the named program. I/We understand that **NO REFUNDS** will be issued. Just For Giggles reserve the right to  
showcase your child or you by using any classroom artwork or photographs in future promotions or displays.

Date: \_\_\_\_\_ Signature of Parent/Guardian(s) \_\_\_\_\_

Due \$ \_\_\_\_\_ \*Confirmation of enrollment will be your cancelled check or credit card statement or emailed receipt.  
Method of Payment (Circle one) Credit Card Cash Check # \_\_\_\_\_ (There is a \$30 service charge on returned checks)  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please feel free to scan and email form or send payment to:**

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