

2018 SUMMER ART CAMP SCHEDULE



Celebrating 11 Summers of Just Giggling!
((Now offering morning and afternoon camp sessions!))

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

Each Session is Different – Save \$10 per Session if you register for multiple weeks

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

((every session invites all ages!))

Session#1 ((4 hours/4 days))

May 29 – June 1

Morning Session : 10am – 2pm

Afternoon Session : No afternoon session week #1

Session#6 ((3 hours/ days))

July 2 – July 6

Morning Session : 10am – 1pm

Afternoon Session: No Afternoon session week#6

Session#2 ((3 hours/5 days))

June 4 – June 8

Morning Session : 10am-1pm

Afternoon Session : 2pm-5pm

Session#7 ((3 hours/ 5 days))

July 9 – July 13

Morning Session : 10am-1pm

Afternoon Session : No afternoon session week#7

Session#3 ((3 hours/5 days))

June 11 – June 15

Morning Session : 10am-1pm

Afternoon Session : 2pm-5pm

Session#8 ((3 hours/ 5 days))

July 16 – July 20

Morning Session : 10am-1pm

Afternoon Session: No afternoon session week#8

Session#4 ((3 hours/5 days))

June 18 – June 22

Morning Session : 10am-1pm

Afternoon Session : 2pm-5pm

Session#9 ((3 hours/5 days))

July 23 – July 27

Morning Session: 10am-1pm

Afternoon Session: 2pm-5pm

Session#5 ((3 hours/5 days))

June 25– June 29

Morning Session : 10am-1pm

Afternoon Session : 2pm-5pm

Session#10 ((3 hours/5 days))

July 30 – August 3

Morning Session : 10am – 1 pm

Afternoon Session : 2pm – 5pm

CAMPERS NAME _____ YOUTH TSHIRT SIZE ((S.M.L.XL)) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHILDS AGE _____ DATE OF BIRTH _____

PARENT/GUARDIAN FULL NAME _____

CELL PHONE# _____ HOME PHONE# _____ WORK PHONE# _____

EMAIL _____

EMERGENCY CONTACT(S) _____

LIST ANY MEDICAL CONDITIONS. ALLERGIES _____

I/WE, the above participant(s), and parent(s)/guardian(s), do hereby consent to my child, _____, to participate in the above program((page1 Just for Giggles 2018 Summer Camp)), 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 reserves the right to showcase your child or you by using any classroom artwork or photographs in future promotions or displays.

SIGNATURE OF PARENT/GUARDIAN(S) _____

DATE _____

DUE\$ _____

FEEL FREE TO EMAIL OR SEND FORM TO:

JUST FOR GIGGLES
12635 CRABAPPLE ROAD SUITE 250
MILTON,GA 30004

W:WWW.JUST-FOR-GIGGLES.COM

T: 770.664.0555

E:CONTACTUS@JUST-FOR-

GIGGLES.COM

METHOD OF PAYMENT : PAYMENTS TAKEN IN PERSON OR OVER THE PHONE!