Ohr-O’Keefe Museum of Art
Summer Art Camp 2023
Enrollment Application

Make Your Mark Summer Camp

Your child can learn a variety of mark making processes that will encourage them to develop and strengthen important foundational drawing skills. Students will learn how to make their own drawing tools while exploring a variety of mediums such as paint, pastels, printmaking, cyanotype, and ceramics. Throughout the week, students will learn about artists and art movements that focus on these skills while developing their own unique visual language. This summer camp provides the opportunity for kids to experiment with new mediums while building their confidence as they move forward on their creative paths.

Summer Art Camp Information: Camp hours vary according to age. Art Camp is designed for children ages 6 and older; children ages 5 and under will not be admitted. Proof of age is required. Campers must pack a lunch and snack every day to eat during supervised breaks. Registration is on a first-come, first-served basis. Space is limited; please sign up well in advance.

Full payment per child must be included with this application. Please mail application with check, or call with credit card information.

All balances must be paid by 4:00 pm on the Friday before the first day of camp.

All materials and instruction are covered in the class fee. Students should pack a snack and lunch (if meeting until 3:00pm) for each day and wear art appropriate clothing. We ask that all toys and cell phones be kept in a backpack throughout class time. Our camp is designed for children ages 6 and over only. We cannot make exceptions.

Child’s name: ___________________________________________ Date of Birth: __________

Age: _______ Gender: _______ School Child Attends______________________________

Mailing Address: ______________________________ City ___________ Zip _________

Home Phone: _______________ Cell Phone: ______________ __ Work Phone: ______________

Email Address: _________________________________________________________________

Paying with Credit Card ________ Check enclosed ________

Ohr-O’Keefe Museum Member? Yes / No (circle one)

Please circle the week for which you are enrolling.
• **Week 1:** June 19- 23, 10 AM - 2 PM  
  Ages 6 - 9  

Reception: Friday, June 23 at 2 PM  
• **Week 2:** June 26-30, 10 AM - 2 PM  
  Ages 10 - 14  

Reception: Friday June 30th at 2PM  
• **Week 3:** July 10-14, 10 AM - 2 PM  
  Ages 6 - 9  

Reception: Friday, July 14 at 2 PM  
• **Week 4:** July 17-21, 10 AM - 2 PM  
  Ages 10 - 14  

Reception: Friday July 17th at 2pm  

*The people listed below are automatically authorized to retrieve your child from the Museum, with photo ID. They are the ONLY people authorized to retrieve your child.*  

*All persons picking up a child **must show a valid photo ID at pick-up each day.**  

*Any unnamed spouses, guardians, step-parents, or partners will not be allowed to retrieve campers from camp.*  

Guardian 1: ______________________  
RELATIONSHIP:_________________ PHONE:__________  
Guardian 2: ______________________  
RELATIONSHIP:_________________ PHONE:__________  
Guardian 3: ______________________  
RELATIONSHIP:_________________ PHONE:__________  
Guardian 4: ______________________  
RELATIONSHIP:_________________ PHONE:__________  

Please list any special information concerning your child’s growth and development, any special needs and/or food allergies:  

_________________________________________________  

_________________________________________________
CARE AGREEMENT:

The facility has my permission to obtain emergency medical treatment for my child.

Parent will be notified prior to treatment if possible.  YES  NO  If NO, list instructions:

_____________________________________________________________________________________

Name/Location of physician: ___________________________ Phone: __________

Please list 2 contacts other than parent/guardian to contact in case of emergency:

1. Name: ________________ Phone: ________________ Relationship: ________________

2. Name: ________________ Phone: ________________ Relationship: ________________

PHOTOGRAPHY PERMISSION:

My child may be photographed/videoed at the facility:  Yes  No

My child may be photographed/videoed by the media:  Yes  No

I have reviewed information concerning the facility's policies and procedures listed below and available at the website www.georgeohr.org

Signature of parent or guardian: ___________________________ Date: _________________