

Mud Daubers 2024 **Summer Art Camp**

OHR-O'KEEFE MUSEUM OF ART

1. About the camp

Discover the world of construction and design at this year's Mud Daubers Summer Art Camp! Through a variety of hands-on projects, campers will learn how to plan and execute their designs while discovering materials such as printmaking, ceramics, animation, and mixed media. Campers will be encouraged to use their imaginations to build, tell stories, and explore the world around them. This summer camp helps young artists to develop their creative confidence while enhancing their problem-solving skills.

2. Camp Hours:

Art camp is a 4 hr program from 10 am - 2 pm held Monday through Friday; the week ends on Friday with an art reception featuring camper's artwork.

3. Camp Sessions

Mud Daubers Summer Art Camp is designed for children ages 6-14; children ages 5 and under will not be admitted. Camp is limited to fifteen students per week in order to provide one-on-one art instruction. Sessions are designed to accommodate campers within a specific age range and include projects that meet their artistic skill level. Activities include both indoor and outdoor playtime as well as tours of the museum. Please ensure your child wears close-toed shoes and comfortable clothing in which they can play, move, and paint in. Campers must pack a lunch and snack every day to eat during supervised breaks.

4. Reservation and Payment:

Camp fee: \$225 for non-members, members receive 10% off.

A \$50.00 deposit or full payment per child must be included with the enrollment application.

** All materials and instruction are covered in the class fee

ALL BALANCES MUST BE PAID BY 4:00 PM ON THE FRIDAY BEFORE THE FIRST DAY OF CAMP. Registration is on a first-come, first-served basis. Registration is not complete until both payment and application are received.

Pay Online: www.georgeohr.org Pay by Mail : Ohr-O'Keefe Museum of Art *Attn: Front Desk* 386 Beach Boulevard Biloxi, MS 39530 . Pay by Phone: (228) 374-5547 Pay in Person: Museum Welcome Center - 386 Beach Boulevard Biloxi, MS 39530 **Please send your application to info@georgeohr.org.



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Enrollment Application

Child's name:					Date of B	irth:	
Age:	_ Gender:	School Chil	d Attends_				
Mailing Address	:			City		Zip	
Home Phone: _		_ Cell Phone:		Work Phone:		Preferred contact method:	
Email Address: _						Phone Email	
Method of Paym	ient:						
Paying with Crec	lit Card	Check enclose	ed	_ Pa	ayed in Perso	n	
Ohr-O'Keefe Mu	seum Member?	(circle one) Yes	/	No			
Please Select the		h you are enrolling:					
		Reception: Friday Jur	ne 14th at	2nm			
-	•	s of construction suc		•	wing. printm	aking, and	
-		their work on the las		-			
	nembers/\$225		or day of c		ptioni		
Week 2: June							
		Reception: Friday June	e 21st at 2p	m			
Campers will learn methods of construction such as weaving, wheel throwing, printmaking, and							
more! Students will exhibit their work on the last day of camp at the reception.							
Cost: \$200 n	nembers/\$225	non-members	-	-	-		
继 Week 3: July	8th to July 12th						
Ages 6 - 9, 10	a.m 2 p.m. Re	ception: Friday July 12	th at 2pm				
Campers will learn methods of construction such as weaving, wheel throwing, printmaking, and							
more! Students will exhibit their work on the last day of camp at the reception.							
Cost: \$200 n	nembers/\$225	non-members					
쌅 Week 4: July	15th to July 19	th					
-		Reception: Friday July	-				
Campers will learn methods of construction such as weaving, wheel throwing, printmaking, and							
more! Stude	nts will exhibit	their work on the las	st day of c	amp at the rece	ption.		
Cost: \$200 n	nembers/\$225	non-members					



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The people listed below are authorized to retrieve your child from the Museum, with photo ID. 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:
allergies:		n and development, any special needs and/or food
CARE AGREEMENT: The facility has my permission Parent will be notified prior to	n to obtain emergency medical trea o treatment if possible. YES No	atment for my child.
Name/Location of physician:		Phone:
Please list 2 contacts other th	an parent/guardian to contact in ca	ase of emergency:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
PHOTOGRAPHY PERMISS	SION:	
My child may be photographe	ed/videotaped at the facility: Yes	No
My child may be photographe	ed/videotaped by the media: Yes	No
	-	ility's policies and procedures listed above and
available at the website www	georgeohr.org.	
Signature of parent or gu	ıardian:	Date: