

# Summer Art Camp for Grades 6-8

This summer students entering grades 6-8 for the 2018/2019 school year can enjoy time to create art and have some fun at the Burlington High School Art Department.

The art camp will consist of time to create, design, and explore art techniques. This includes drawing and painting. Students will use their imagination and observation skills to create one of-a-kind masterpieces. They will work collaboratively in a fun and relaxed atmosphere with many opportunities for self-expression.

**Tuition:** \$100

**Dates:** Monday- Thursday, July 23-26, 2018

**Time:** 8:30 a.m. - 2:00 p.m.

**Instructor:** Christina Chang

**Email:** [chang@bpsk12.org](mailto:chang@bpsk12.org)

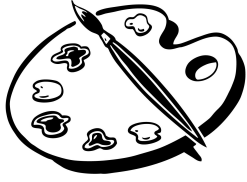
**Location:** Burlington High School

**Transportation:** Arranged by parents

To enroll your child please complete the attached Information **Form and tuition** payment to **Burlington Public Schools** and mail to:

*Attention: Rosemary DeSousa  
123 Cambridge Street  
Burlington, MA 01803*

**Space is limited - please register as soon as possible.**



## Information for Summer Art Camp 2018

Child's name: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

School User ID No. \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent /Guardian's email: \_\_\_\_\_ Parent

/Guardian Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Parent

/Guardian's email: \_\_\_\_\_ Parent

/Guardian Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Person Picking Up Your Child Each Day: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Medical Info:** Does your child have allergies, an illness or other conditions. If so, please explain.

**Photographs:**

\_\_\_ My child **has my permission** to be photographed for the newspaper or Burlington Public Schools' use (e.g., Burlington's school website and/or brochures).

\_\_\_ My child **does not have my permission** to be photographed for the newspaper or Burlington Public Schools'.

**Computer Use:**

\_\_\_ My child **has my permission** to access the internet with teacher supervision.

\_\_\_ My child **does not have my permission** to access the internet with teacher supervision.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_