

GLAZED EXPECTATIONS

CREATIVE CLAY CAMP FOR KIDS AGES 5 - 13

Monday - Friday
Morning Class 9am-12pm
Afternoon Class 1-4pm
All Day Class 9am-4pm

Working with clay develops coordination, concentration, and teaches kids how to transform ideas into creative expression. Campers will learn such techniques as: pinching, coiling, slab, figurative and abstract work. We will also be providing textile design instruction and jewelry making to our classes. We will be working with dyes, fabrics, beads, glazes, acrylics, and watercolors. Tuition includes materials, firings, glazes, and paints. No experience is necessary. **Please send your child along with a one snack and water (for half-day classes) or two snacks, one lunch and two waters (for full day classes) and a field trip permission slip. On Monday or Tuesday, bring one plain cotton white t-shirt or pillowcase per child (AM & Full day camp only).** If you are late to pick up your child, you will be charged a fee of \$10 per 15 minutes. We reserve the right to dismiss children with bad behavior. No refunds will be given under these circumstances. The camp is taught by the owner, Susannah Sloan and two assistants. The maximum number of campers per week is 25.

CALENDAR:

Week #1: June 11th-15th
Week #2: June 18th-22nd
Week #3: June 25th-29th

Week #4: July 16th-20th
Week #5: July 23rd-27th
Week #6: July 30th-August 3rd

THE BOTTOM LINE:

Half-day classes:	9am-12pm or 1-4pm	\$165/week
Full-day classes:	9am-4pm	\$280/week

Early Drop Off:

8:30am drop-off \$5/day per child.

After Care:

4:30pm \$5/day per child.

5pm \$10/day per child.

5:30pm \$15/day per child.

We accept 50% or full payment in order to secure a place in the class.

APPLICATION FORM

Name/s: _____ Age/s: _____

Address (Street/City/Zip): _____

Email address (for confirmation purposes only): _____

Home/Work/Cell Phones: _____

Parent/Guardian: _____

Emergency Contact & Phone #: _____

My child/children have permission to walk to the Carrboro Town Hall Park for snack and/or lunch: Yes: ___ No: ___

Signature: _____

List below the Days/Weeks/Times your child wants to register & any special circumstances or allergies: