

SUMMER ART CAMP 2015

Register online: www.mattierhodes.org or call 816-221-2349



Itty Bitty Art Camp ~ June 23rd - 26th

Day camp designed especially for our youngest artists ages 2 - 5. Includes projects from clay to mixed media for your little Picasso or Frida!

Hours: 9:00am - 12:00pm

Fee \$60.00 per child

Teen Art Camp ~ June 16th - 19th

Build your portfolio and let your creative side shine!

Dive into a variety of creative experiences this summer at the Mattie Rhodes Art Center. Students will receive hands-on art instruction, visit local museums, galleries, artists' studios and so much more!

Hours: 9:00am - 3:00pm | Ages: 13 - 16 | Fee: \$100.00 per student
All Supplies are Included



Summer Art Camp

Our popular summer camp offers students a variety of art mediums to explore daily with 5 areas of art instruction: Ceramics, Fiber/ Craft, Cultural Art, Mixed Media, and Painting/Printmaking.

Ages: 5 - 12

Hours: 9:00am - 3:30pm

Fee: \$160.00 per child each session

Includes all materials, snacks & t-shirt.

Session 1: July 7th - 10th

Session 2: July 14th - 17th

Session 3: July 28th - 31st

Session 4: August 4th - 7th

Before & after care is available, from 8:00am - 5:30pm. The fee is \$10 per child a day, and is due the day of service.



FUNDING PROVIDED BY
ARTS KC, MISSOURI ARTS COUNCIL, UNITED WAY
AND THE MURIEL MCBRIEN KAUFFMAN FOUNDATION

**Mattie Rhodes Art Center
Registration Form for Classes & Workshops**

Name of child/children: (use separate line for each child registered)

1. _____ School child attends _____
2. _____ School child attends _____
3. _____ School child attends _____

Birth date: (please include birth date and age for each additional child)

1. _____
2. _____
3. _____

Please list any allergies, special needs, or medications for child:

1. _____
2. _____
3. _____

Parent's Information:

Parent /Guardian: _____ Phone number: _____
Parent /Guardian: _____ Phone number: _____
Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____
Emergency contact: _____ Relationship to child: _____

Authorized Pick up: We will not allow children to leave the Art Center without prior authorization.

Name _____ Address _____ Phone Number _____
Name _____ Address _____ Phone Number _____

Class Information:

Class Name, Session & date: _____
Class Name, Session & date: _____
Class Name, Session & date: _____

Total Amount paid: _____ Date of Registration: _____
**Payment by credit card can be made by calling the Art Center or registering online at www.mattierhodes.org*

Please Read and Sign:

I hereby grant the Mattie Rhodes Center my permission to take whatever actions they may consider necessary to safeguard my child's health and safety. I authorize the Mattie Rhodes Center, if necessary, to secure medical treatment and service in a local hospital, at my own expense without further consent. I understand that by enrolling my child in class I give Mattie Rhodes permission to use any photographs of my child or their art work to promote MRC. No names will be used unless permission is received.

Parent/Guardian Signature _____ Date _____

**Must enroll two weeks prior to first class – please fill out registration form and send to:
Mattie Rhodes Art Center Attn: Jenny Mendez 915 W. 17th Street KCMO 64108**