

**Cedar Key Arts Center Announces
Elementary Summer Art Program 2024**

(Available to up-coming 1st through 5th graders)

Dates: July 8th - July 18th 9 am – 11 am

Student Exhibit: July 19th, 2024 Time & details to be announced.

Theme for 2024: Think, Explore, Create

Grades 1st – 5th - materials fee \$20

(Scholarships are provided through CKAC and its supporters and are available in part or total, but must be approved ahead of time, please ask: Patty Jett - (352) 562-6472.)

Enrollment is limited to 20 for elementary so return your form ASAP.

Deadline for registration is June 28, 2024

Date Received: _____

Registration Form

Student Name _____

Grade _____ **(next school year)** **Age** _____ **Birthdate** _____

Parent/s or Legal Guardian's Name _____

Street Address _____

Mailing Address _____

Email _____

Home Phone _____ **Cell Phone** _____

Emergency Contact Name/Relationship _____

Emergency Phone # _____ **Second Phone #** _____

PERMISSION TO PHOTOGRAPH

Place a checkmark or X in the YES box next to each action for which you **ARE** granting permission. Place a checkmark or X in the **NO** Box next to any action for which you are **NOT** granting permission.

YES	NO	DESCRIPTION OF ACTION
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for a slide show to be shown at Cedar Key Arts Center functions.
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for news articles.
		For the above named child to be photographed by or on behalf of the Cedar Key Arts Center for use on CKAC website and/or Facebook as long as no name is used.
		The Cedar Key Arts Center (CKAC) has my permission to use, copy, reproduce, and display the artwork in connection with promotional activities for CKAC world wide in all forms advertising, direct mail, exhibitions, and classroom presentations.

Parent/Guardian _____ **Date** _____

Student Signature _____ **Date** _____

(PLEASE COMPLETE 2ND PAGE)

Consent Agreement

I agree that my child is to maintain behavior in accordance with CKAC Code of Conduct.

In case of emergency, please contact parents if possible, then emergency services, or seek prompt medical attention immediately if necessary.

Parent/guardian Signature _____ Date _____

Medical Information for _____
(Child's name)

List any allergies _____

Medications and Medical conditions we need to be aware of _____

Doctor's Name _____ Doctor's phone # _____

Insurance Company _____

I agree to be financially responsible for any medical treatment deemed necessary by the child's doctor or qualified medical personnel, if I cannot be reached during an emergency.

Signature _____ Date _____

My child will be picked up by _____ or

My child can walk/ride bike home unaccompanied. _____

Other transportation information: _____

I would like to volunteer to assist at art camp

(day/days)

Please return this registration/application to one of the following locations ASAP:
Drop off at Cedar Keyhole, 457 2nd Street, Cedar Key or mail to Cedar Key Arts Center,
P. O. Box 949, Cedar Key, FL. 32625
Cedar Key School Front Office or Patty Jett.

Deadline for registration is June 28, 2024

Class size is limited to 20 students per session for the Elementary Summer Art Program.

Please make checks payable to Cedar Key Arts Center.

For questions or further information contact:

Patty Jett: text or call (352) 562-6472 or email jett32625@yahoo.com

For Art Center Use: _____ Form completed and signed.

Amount Paid _____ Check _____ Cash _____ Scholarship _____