

SUMMER 2023

ART CAMP WITH MS. KOLATA

Week 1 - Impressionism & Post-Impressionism “Monet to Van Gogh”

During week one, Ms. Kolata will introduce the art students to the Impressionist and Post-Impressionist periods. They will learn about a large variety of artists from Monet, Renoir, and Manet to Van Gogh, Munch and more!

Week 2 - Early Abstract Art, Cubism, Pop Art & More

During week two, the students will learn about early abstract art and cubism and move firmly into the latter half of the 20th century looking at the art of Warhol, Lichtenstein and Haring.

TIME

9:00 a.m. - 3:15 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

CAMP DATES

Monday - Friday, July 17 - 21

Monday - Friday, July 24 - 28

FOR STUDENTS CURRENTLY IN GRADES

1st - 8th

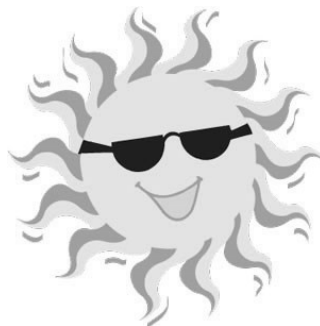
(during the 2022-23 school year)

COST

\$20 (one time) materials fee, plus:

\$175/per week

\$25/week for before care, if needed



Please complete registration form on reverse side.

2023 Art Camp Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2022-2023 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

_____ JULY 17-21 (_____ w/before care) _____ JULY 24-28 (_____ w/before care)

\$175/week; plus a one-time \$20 materials fee;
and \$25/week for before care

Office Use

pd. \$ _____ ck# _____

date _____ staff initials _____

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address _____

City/State/Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Alternate Phone _____ Email _____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Ms. Kolata to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

Printed Name _____