

Summer Art Program - June 2018



Central Brevard Art Association

103 Barton Blvd, Rockledge 32955

June 4-29th \$175.00 Cost Per Child for a two-week session

Fun! Fun! Fun! Summer Art

Morning Sessions (9-Noon): Ages 6-10 yrs. / Afternoon Sessions (12:30-3:30): Ages 11-14 yrs.

TELL YOUR FRIENDS! The two-week sessions will cover mixed media opportunities with experienced art teachers. Classes will include instruction covering the elements of art and the principles of design with examples from the master painters. All students will have 2-D and 3-D experiences such as various forms of printmaking i.e., **silk screening (afternoons)**, painting, collage, clay, origami, recycled sculptures, metal tooling, drawing outside + **MORE**. All supplies will be provided. Students are to bring a snack and drink if desired. No water or sodas will be provided. Prompt arrival and dismissal is encouraged, a late fee of \$20 will be charged for any student not picked up one half-hour after dismissal.

Enrollment is limited please register now. Registrations for Session 1 are due by Friday-May 18th Walk - ins welcome if room is available.

The Fridays ending each two-week session **will be shortened to enable a *Fantastic Student Show*** for each group. Most art work will be held for the shows and all work is to be taken home on the that second Friday.

Instructors: Dr. Clare Putnam and Jackie Bishop, BMEd, will teach mornings and Peggy Nolan, Ed. S, the afternoon sessions: these are teachers with elementary and secondary school and summer program experience.

For information contact Peggy at artmomnolan@msn.com form available online at www.cbaartists.com

Home: 321-636-3540

Cell: 321-544-5990

Please fill in (print) the registration form below /mail or drop off at CBAA on Barton Blvd.by Friday, May 18th Please print "summer art" on the envelope. Early registration is encouraged.

XXXXXXXXXXXXXXXXXXXX cut here XXX

Mark which session(s): Session 1: June 4th - 15th _____ Session 2: June 18th - 29th _____

Student's Name _____ Age _____ School _____

Additional Sibling _____ Age _____ School _____

Address _____ City _____ Zip _____

Phone (home) _____ Work _____ Cell _____

Parent's Name _____ email: _____

I give permission for my child/children to be photographed for publicity purposes: Yes _____ No _____

Parent's Signature _____

OFFICE: Total Paid \$ _____ check # _____

Make checks payable to CBAA