

Summer Art Program - June 2024



Central Brevard Art Association

103 Barton Blvd, Rockledge 32955

June 3rd – June 28th \$300.00 Cost Per Child for a two-week session (same price as in 2023)

Morning Sessions (9-Noon): Ages 6-10 yrs. / Afternoon Sessions (12:30-3:30): ages 11-15

TELL YOUR FRIENDS! In the two-weeks we will explore Space, storytelling and writing in addition to learning about master artists from the past. Using the elements of art and principles of design we will have fun experimenting with two and three-dimensional projects, various forms of printmaking, drawing outside, weaving, air dry clay, origami, and painting. In addition, the afternoon students experience the silk screen process, color mixing and showing value. All supplies will be provided. Students are to bring a snack if desired and especially a drink. 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. Hand wipes are free to any child who wants them.

ENROLLMENT IS LIMITED PLEASE REGISTER ASAP. To guarantee a seat for Session 1 - registrations are due by Friday-May 17th. To guarantee a seat for Session 2 - registrations are due by June 14th. **Walk - ins welcome, in either session, if room is available.** The Fridays ending each two-week session **will be shortened to enable a *Fantastic Student Show*** for each group. Most artwork will be held for the shows and all work is to be taken home on the second Friday. **Instructors**, Peggy Nolan, BA, M.Ed, M.EdS., Lisa Byl and Jackie Bishop, Music Ed, are summer program experienced. For information contact Peggy at artmomnolan@msn.com form available online at www.cbaaartists.com Peggy’s cell: 321-544-5990 **Please fill in (print) the registration form below /mail or drop off at CBAA. Please print “summer art” on the envelope. Early registration is encouraged.**

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Mark which session(s): Session 1: June 3rd - June 14th _____ Session 2: June 17th – June 28th _____

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 _____

How did you hear about us? _____

OFFICE: Total Paid \$ _____ check # _____

Make checks payable to CBAA