## Wild & Wonderful Kingdom Art Camps at Bishop England High School

Students will explore the theme of God's wild kingdom with clay, acrylic paint, and drawing. Art concepts, how to use new techniques and "how to draw" a particular animal will be part of the student's learning. Students will use clay, paint and drawing media for a week of fun and learning art techniques. Please wear old clothes and shoes to camp.

Cost: \$110 (all art supplies included)

**Dates: June 17-21, Ages 8-10** Times: 9:30 to 11:30 A.M.

Dates: June 24-28, Ages 11-14 Times: 9:30 to 11:30 A.M.

Camp Drop off time: 9:15 to 9:30 /

Pick up time: 11:30 to 12:00

Instructor: Mrs. Amy Johnson

ajohnson@behs.com

Contact the instructor for information or for more camp forms. There is a sibling discount for families with siblings enrolled in 2024 Art Camp. Contact the instructor for details.

To register, please complete and mail the following by May 24, 2024.

- A completed Art Camp Form is required for each participant (one form per child).
- Include a check for \$110 payable to Bishop England High School with the form.

Registration will end when the camp is filled.

No refunds will be given after June 3, 2024. The Art Camp fee includes art supplies and a drink each day. There are a limited number of campers in each session. There is a minimum number required for the Art Camp session to be held. Confirmation of receipt of payment will be given after registration is received, and additional information will be emailed or mailed to each family after May 24, 2024.

Mail this completed form and payment (payable to Bishop England H.S.) to: AMY JOHNSON, ATTN. ART CAMP, Bishop England H.S, 363 Seven Farms Drive, Charleston, SC 29492.

## 2024 Art Camp Form

Use one form per child.

Circle or highlight one week below.

Week June 17-21 for ages 8-10

Week June 24-28 for ages 11-14		
Child's Name		
Age in June 2024 Parent's or Guardian's Name(s)		
Mailing Address		
include ZIP code		
Family email		
Phone number(s)		
School and grade level for upcoming school year	Name of school	Grade level
EMERGENCY CONTACT (if other than parent(	s)/guardian(s)):	
existing injury or illness of the above camper	prior to the first day the cam	njury or re-occurrence on an undisclosed pre- per registers. I further understand that no accident should occur, all medical expenses will be
SIGNATURE OF PARENT/ GUARDIAN:		
INSURANCE CARRIER:		
POLICY NUMBER:		