



Art Camp 2024



June 10th -13th

St. Charles is pleased to offer Art Camp to students who are currently in Kindergarten through 8th grade. Camps will run for 4 days, 1 1/2 hours each day. Students will have a chance to use their creativity. We will have an opportunity to paint on canvas, create with clay, and try a multitude of art materials.

Schedule Monday, June 10 -Thursday, June 13

8:30 - 10:00 am – current 6th - 8th graders

10:00 - 11:30 pm – current 3rd - 5th graders

12:00 - 1:30 pm – current Kindergarten - 2nd graders

The camp costs \$60.00 to cover the cost of materials and time. **(Please make checks payable to Teri Wysopal)**

Each student should bring a water bottle and wear a paint shirt or clothing they can get messy in.

(Keep this top portion for your records)

FAMILY INFORMATION

STUDENT NAME _____ GRADE (current) _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

BEST PHONE # TO REACH YOU DURING CAMP: _____

E-MAIL _____

I, _____, grant permission for my child, _____

Parent or Guardian’s Name

Student/Participant’s Name

to participate in the above named activity, and I warrant that my child is in good health. In consideration of my child’s participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/school/Archdioceses of St. Paul/ Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney’s fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of emergency, if you are unable to reach me at the above numbers,

Contact _____ Relationship _____ Phone _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE _____ DATE _____

I understand the conditions of the camp and am willing to abide by these conditions.



Please return this form and \$60.00 fee to Mrs. Wysopal before May 17th

(Please make checks payable to Teri Wysopal)

Questions? Contact Teri Wysopal at twysopal@stchbs.org