Painters & Sculptors Grades 3 – 7
A four-day studio art program designed for the young artist who likes to draw, paint, working in clay, and create sculptures. Each year different subjects, including contemporary art, will be presented to inspire students’ drawings, paintings, and sculptures. Individual expression will be encouraged as the student explores a range of materials. Plaster, clay and mixed media may be used for sculpting.
July 6 – 9 (4 days) Mon-Thu 9AM-3PM CRN 61277, $175

Draw, Paint & Print Grades 3 -7
A four-day studio art program designed for the young artist who likes to draw and paint. Each year different subjects, including contemporary art, will be presented to inspire students’ drawings, paintings, collages, and prints. Individual expression will be encouraged as students explore new materials such as charcoal, watercolor and acrylic paints, papers and inks.
July 12 – 15 (4 days) Mon-Thu 9AM-3PM CRN 61278 $175

PLEASE NOTE (put this in color text box at bottom of page.)
• Cost includes all materials and supplies.
• Students must bring their own bag lunch, for programs that run from 9 a.m. - 3 p.m. (Soda and snack machines are available.)
• Students should be dropped off at the Fine Arts Center foyer and should be picked up promptly at end of class. Please do not drop students off before 8:45am. We cannot be responsible for students arriving earlier than this time.
• Supervised games and other activities will complement the student’s time in the studio(s). Dress for mess!

QUESTIONS?
Enrollment Services ..........................................................(978) 630-9238
Denise Whitney, Lifelong Learning & Workforce Development........(978) 630-9124
Joyce Miller, Director of the Summer Art Program.........................(978) 630-9221
THE SUMMER STAFF

Joyce Miller, Director, is a Professor of Art at Mount Wachusett Community College. She has instructed foundation art courses at area colleges, universities, and museum education programs. She received a M.F.A. degree from the University of Massachusetts at Amherst, and a B.F.A. degree from Illinois State University.

Donna Murphy, Instructor, is an alum of Mount Wachusett Community College and received a B.A. degree in art education, from Anna Maria College in Boston. She has been an art instructor in the Gardner Public Schools for 18 years. She is an artist and teacher; coordinating youth art exhibits, directing stage crews for school musicals and is a member of the Arts Lottery Council.

Susan Montgomery, Instructor, adjunct faculty at Mount Wachusett Community College teaching watercolor, painting and foundation art courses. She received her M.F.A from the University of Massachusetts Amherst and actively exhibits her work.

Marie Avery, Teaching Assistant, was a student in the summer art program for nine years and just completed her freshman year at Keene State.

Matthew Gaspar, Teaching Assistant, is alumnus of MWCC and is now finishing his studies at the University of Massachusetts-Amherst.

Additional staff will be announced.
# CHILDREN'S SUMMER PROGRAM REGISTRATION FORM

For Questions regarding this program, contact the Division of Lifelong Learning at 978-630-9124

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>DATE OF BIRTH</th>
<th>Attended an MWCC program in the past (Yes/No)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SS# (optional)</th>
<th>Grade (as of September)</th>
<th>Male/Female T-Shirt Size (please note if its youth or adult)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF PARENT/GUARDIAN:</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS</th>
<th>HOME TELEPHONE #</th>
<th>DAYTIME/CELL</th>
<th>EMERGENCY CONTACT#</th>
</tr>
</thead>
</table>

Please enroll my child in:

- [ ] CRN 61277 Painters & Sculptors – July 6 – 9 (4 days/T-F); 9am to 3pm/Grades 3 – 7 /$175
- [ ] CRN 61278 Draw, Paint & Print – July 12 – 15 (4 days/M-Th); 9am to 3pm/Grades 3 – 7 /$175

EXTENDED CARE is available Monday - Thursday for children that may need to be dropped off prior to a program beginning or after a program has ended. Kids should be dropped off to the Fitness & Wellness Center between 8:00-9:00 am and picked up between 3:00-5:00pm for a cost of $25.00 per week per child. Optional swim is available from 3:00-4:00pm. Parents only sending children for the optional Swim must still pay the $25 fee. Children will be picked up at 8:50am by a program assistant and walked directly to the main building. The assistant will walk participants back to the Fitness Center at 3:00 p.m.

Please register my child for the following extended care sessions. I understand I will be charged an additional $25 per week.

<table>
<thead>
<tr>
<th>CRN 61307</th>
<th>CRN 61308</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Week of (Jul 6 - 9)</td>
<td>[ ] Week of (Jul 12 - 15)</td>
</tr>
</tbody>
</table>

Please indicate the time that your child will attend.

- [ ] 8:00-9:00am  
- [ ] 3:00-5:00pm  
- [ ] Both

1. Are there any legal restrictions on the release of your child or his/her records to a non-custodial parent?
   - [ ] Yes  
   - [ ] No

2. Is someone other than yourself authorized to pick up your child?
   - [ ] Yes  
   - [ ] No

Name of Authorized Person(s): ___________________________  Phone#: ___________________________

**PAYMENT INFORMATION:**

<table>
<thead>
<tr>
<th>□ Cash  (in person)</th>
<th>□ Personal check (payable to MWCC)</th>
<th>Credit Card: (Visa, MC, Discover) For security purposes we recommend that you do not write your credit card information on this form. If using a credit card, please call the student accounts office at (978) 630-9149</th>
</tr>
</thead>
</table>

Mail Registration to: MWCC, attn: Student Enrollment Center, 444 Green Street, Gardner, MA 01440

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*Fill out back of this page*
NAME OF CHILD: \\
REGISTERED FOR: \\

PLEASE READ AND FILL OUT THE FOLLOWING SECTIONS

PERMISSION AND ASSUMPTION OF RISK AND RELEASE:
I give my permission for the child listed above to participate in the selected program(s). I understand that in the unlike event of an accident, every attempt will be made to contact the person(s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child, including (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

In consideration of being permitted to participate in this program I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in such activities, which are described in this brochure, during my child’s enrollment and/or participation in MWCC activities during this program, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness: caused by or related to this program: and further I do for myself, my heirs and personal representatives hereby defend hold, harmless, indemnify, and release, and forever discharge Mount Wachusett Community College and all its officers, agents, and employees from and against all claims, demands, and actions, or causes of actions, on account of damage to personal property, or personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

Parent/Guardian Signature

PHOTOGRAPHY RELEASE

I hereby allow Mount Wachusett Community College to photograph the child listed above for use in any type of media MWCC deems appropriate. This can include but is not limited to newspaper stories, printed literature and online information. I hereby give MWCC, its legal representatives and assigns, those for whom MWCC is acting, and those acting with its permissions, or its employees, the right and permission to copyright and/or use, reuse and/or publish, and republish photographic pictures.

Parent/Guardian Signature
This form will be filed in the Health and Wellness Office in case of an emergency. Please fill out all requested information.

Name of Child:

Parent/Guardian:

Registered for:

Medical Insurance Carrier:

Policyholder Name:  Policy #

Doctor’s Name:  Telephone#:

Allergies:

Important Medical History to note:
(Asthma, bee stings, food allergies, etc.)

It is of utmost importance that our office has a telephone number available where a responsible person can be contacted in case of accident or illness. Please list two (2) phone numbers below in the order that you would like contact made if we cannot reach you during the program or to release your child to if you cannot be reached.

Name:  Emergency Daytime Telephone#:

Name:  Emergency Daytime Telephone#:

If your child has a disability and requires accommodations in order to participate fully in program activities, please contact the Division of Lifelong Learning at (978)630-9124 to discuss specific needs.
The meal plan is $12 per 4-day week. Only full week plans available (not available for purchase by the day). Parents that do not wish to purchase the camp lunch plan should send their child with a lunch from home. Due to the limited time that the kids have to eat lunch, we are asking that children **not** be sent to the general cafe to buy lunch. Long lines and delays make it difficult to keep kids on schedule.

*All hot Meals are served with Fresh Fruit, or Vegetable, Milk, Chocolate Milk, or Fruit Juice.*

*Turkey and cheese sandwiches are available as an alternate meal should your child not like the menu item of the day. Sandwich includes drink, potato chips and pickles.*

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 6 - 9</td>
<td>Holiday</td>
<td>Grilled Hamburger</td>
<td>Cheese Ravioli</td>
<td>Waffles and Sausage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 12 - 16</td>
<td>Mac and Cheese</td>
<td>Beef and Broccoli</td>
<td>Chicken Fingers</td>
<td>Taco Boat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 19 - 23</td>
<td>Bacon Potato Skins</td>
<td>Grilled Cheese</td>
<td>Chicken Patty Roll</td>
<td>Hot Dog!</td>
</tr>
<tr>
<td>Week 4</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
</tr>
<tr>
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</tr>
<tr>
<td>Jul 26 - 30</td>
<td>Ziti and Meatballs</td>
<td>Mozzarella Sticks with Marinara</td>
<td>Honey Orange Chicken</td>
<td>Salsa Quesadilla</td>
</tr>
</tbody>
</table>

Please sign my child up for the MWCC meal plan for

_____ Week 1  _____ Week 2  _____ Week 3  _____ Week 4

Please make check payable to "MWCC" - $12 for 4-day week