



2017 Summer Arts Program

Artists & Instructors:
NJ Certified Teachers

When: Monday August 7th-Friday August 11th

Time: 9:30-12:30 Monday-Friday

Grades: K-8th grade

Location: Fair Haven Youth Center
35 Fisk Street, Fair Haven, NJ, 07704

Fee: \$140.00 per child, Supplies Included!

Andrew Sharkey

NJ Certified Art Teacher

Current Art Teacher:
Freehold Township High School

shorekidsartcamp@gmail.com
www.grayfindesign.com

732-245-6709

BEAT THE HEAT WHILE EXPRESSING YOUR INNER ARTIST!

- Theme Projects, Demonstrations & Presentations:
Printmaking, 2-D & 3-D projects- drawing, painting, mixed media & more!

- Students will be encouraged to explore their imagination, while expanding their creative abilities through a variety of mediums in a fun filled art environment!

GENERAL INFO

Open Enrollment, weekly deadlines

Payments paid in full

Separate registration per child

Enrollment is a first come first serve basis, if a class is full or cancelled a 100% refund will be issued. Notification will be made if a class is canceled. Programs will run based on enrollment.

Fees cannot be prorated for late enrollment or missed classes

We reserve the right to modify or cancel any program, project or reschedule instructors.

All children must be dropped off & picked up, & signed in & out by a designated adult

The only requirement is a **NUT-FREE** snack & water

Art show open to the public every Friday!

Wear clothing that is comfortable and suitable for creating art!



CUT HERE 

2017 Summer Arts Camp Registration Form : Today's Date: _____

Name of Child _____ Age _____

Date of Birth _____ Male/Female _____ Grade (September 2017) _____

School Attending _____

Home Address _____

Parent/Guardian _____ Email _____

Cell Phone _____ Home Phone _____

How did you hear about this program? _____

Please bring a daily snack for a break between sessions

Cash/Check Payable to Andrew Sharkey Amt. Enclosed \$ _____ Check # _____

Mail to: Andrew Sharkey, 23 Beverly Court, Tinton Falls, NJ, 07724

To the best of my knowledge, my child has the following medical conditions/allergies our staff must be aware of _____

Emergency Info, Doctor's Name _____

Doctor's phone number _____

Signature of Parent/Guardian _____