

Fairbanks Weavers & Spinner Guild Summer Youth Program

May 21 to June 29 and July 30 to August 10, 2018

FEE: \$90.00 per 5-day session, 2 sessions each day REGISTRATION CONTINUES THROUGHOUT THE SUMMER

\$80.00 per 4-day session, includes snack. Noon Hour Supervision Fee: \$10.00 extra

Arrangements for early drop off or late pickup for an additional fee of \$10.00.

TO REGISTER: CALL 452-7737

EMAIL ADDRESS : fairbanksweavers@gmail.com

LOCATION: RM 219

WEAVING STUDIO

516 2nd Avenue DOWNTOWN

MAIL TO: Fairbanks Weavers & Spinners Guild, PO Box 73152, Fairbanks, Alaska 99707

Child's Name _____ Age _____

Parent/Guardian Name _____

Mailing Address _____

Phones: Home _____ Work _____ Mom's Cell _____ Dad's Cell _____

Email _____

Date	TIME	Ages	Program	Date	TIME	Ages	Program
May 21 - 25	9am-12	6-9	Art III: Fiber Felt Fun NEW	June 18 - 22	9am-12	6-9	Art VII: Puppets, Art Action Dolls
	9am-12	8-15	Bead: Animal World		9am-12	8-15	Bead: Figures & Fairy Forms
	9am-12	9-15	Machine Sewing I: Learn how		9am-12	9-15	Machine Sew VI Pattern & fabric
	1pm-4	6-9	Art I: Weaving		1pm-4	6-9	Art II: Drawing & Watercolor
	1pm-4	8-15	Drawing in Zentangle NEW		1pm-4	8-15	Creative Basketry
	1pm-4	8-15	Science & Art of Rocks NEW				
29-May 1-Jun Four days	9am-12	6-15	Ways to create Fabric Design NEW	June 25 to 29	9am-12	6-9	Art IV: Print/Paper Design NEW
	9am-12	8-15	Bead: Garden Flower Delight's		9am-12	9-15	Machine Sew Summer sundresses
	9am-12	8-15	Soft World of Animal Toys		1pm-4	6-9	3 D Funky Art
	1pm-4	6-9	Drawing in Zentangle NEW		1pm-4	8-15	Bead: Loom Design NEW
	1pm-4	9-15	Machine Sew: Zips & Buttons NEW		1pm-4	9-15	Sewing & Quilting
	1pm-4	8-15	Paint/Print/Paper Design NEW		1pm-4	8-15	Weaving & Loom Projects
June 4 to 8	9am-12	6-9	Art II: Drawing/Watercolor	July 30 3-Aug	9am-12	6-9	Explore Clay
	9am-12	9-15	Berry Room Birds in flight		9am-12	9-15	Machine Sew SHIRTS/SHORTS
	9am-12	8-15	Creative Basketry		9am-12	9-15	Bead: Sea Creatures
	1pm-4	6-9	Fantasy Costumes		1pm-4	6-9	Fantasy Costumes
	1pm-4	8-15	Bead: Peyote Treasure Bag		1pm-4	8-15	Sewing & Quilting
	1pm-4	9-15	Machine Sewing III Quilt Blocks		1pm-4	8-15	Weaving & Loom Projects
June 11 to 15	9am-12	6-9	Art I: Weaving	August 6 to 10	9am-12	6-9	Explore Clay
	9am-12	8-15	Weaving & Loom Projects		9am-12	9-15	Machine Sew III: Small Quilts
	9am-12	8-15	Paint/Print Surface Design NEW		1pm-4	6-9	Art IV: Print/Paper Design NEW
	1pm-4	6-9	Drawing in Zentangle NEW		1pm-4	8-15	Bead: Stars & Snowflakes
	1pm-4	9-15	Machine Sew II: SHORT/SKIRTS		1pm-4	8-15	Cartoon Character Drawing NEW
	1pm-4	8-15	Bead: Suncatchers				

CIRCLE THE PROGRAM YOU ARE INTERESTED IN (We will respond if the session is full & your child is on the waiting list.)

Noon Hour Supervision Fee: \$10 for the week. Early drop off or late pickup available for an additional \$10 fee.

Fees: \$ 90 x # _____ of sessions = _____ + \$10 per week for the Noon hour = _____ Total check # _____

(4 days) \$80 x # _____ of sessions = _____ + \$10 per week for the Noon hour = _____ Total check # _____

Send WITH REGISTRATION FORM---- FEE: \$90.00 per 5-day session, \$80.00 per 4-day session, includes snack.

AUTHORIZATION FORM FOR HEALTH & PARTICIPATION

CHILD'S HEALTH: Any Allergies? ___ No ___ Yes -- Foods? _____ Bees _____ Other _____

Taking any Medications: ___ No ___ Yes ___ What kind? _____

Any precautions _____ Any condition that we should be aware of _____

My son/daughter has permission to participate in all prescribed activities, except any noted by me: _____

I recognize that my child will be participating in activities with other children and accidental injuries or illness may result. I assume the inherent risks of my child participating in the program.

_____ Yes I authorize my child's participation _____ No I do not authorize my child's participation .

In the event of an accident or illness, first aid will be administered and parent's emergency numbers will be called. All reasonable efforts will be made to contact parents/guardians prior to any treatment by a physician. _____ I authorize treatment of my child on an emergency basis if parents cannot be reached & the child requires emergency care by a physician.

I understand the children may be crossing the street to the park for a break under supervision of instructors or assistants. _____ I do grant _____ I do not grant permission for this activity.

Photographs of participants may be taken for publicity purposes in a slide show highlighting the Summer Fiber Arts Program or may be used for publicity in the Daily NewsMiner or on our web site showing projects relating to the program. In addition, photos will be used in future grant applications and brochures. ___ Yes ___ No. I authorize the Fairbanks Weavers & Spinners Guild to use any photographs for these purposes. I authorize the following person or persons other than myself to pick up my child or children from class: _____

Signature of the Parent/Guardian _____ DATE _____