

# Fairbanks Weavers & Spinner Guild Summer Youth Program

May 20 to June 28 and August 5 to August 16, 2019

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
	9am-12	6 - 15	Explore Clay		9am-12	6 - 9	Sewing & Quilting
	9am-12	8 - 15	Bead: Sea Creatures	June	9am-12	8 - 15	Bead: Stars & Snowflakes
May	9am-12	9 - 15	Wood Carving NEW	17 - 21	9am-12	8 - 15	Belts, Band and Leather work NEW
20- 24	1pm-4	6 - 15	Art I: Weaving & Loom projects		1pm-4	6 - 9	Fantasy Costumes
	1pm-4	9 - 15	Machine Sewing I & II: Learn how		1pm-4	9 - 15	Machine Sew VI: Pattern & fabric
	1pm-4	8 - 15	Creative Basketry				
	9am-12	6 - 15	Create & Print Fabric Design NEW		9am-12	6 - 15	Art I: Weaving & Fair Loom projects
May	9am-12	8 - 15	Science & Art of Rocks NEW		9am-12	8 - 15	Bead: Bead Loom designs NEW
28 - 31	9am-12	8 - 15	Bead: Garden Flower Delight's	June	9am-12	6 - 9	3 D Funky Art & Recycle
Four	1pm-4	6 - 9	Fantasy Costumes	24 - 28	1pm-4	6 - 9	Sewing & Quilting
days	1pm-4	9 - 15	Berry Room Birds in flight		1pm-4	9 - 15	Machine Sew IV: Summer Sundress
	1pm-4	9 - 15	Machine Sew V: Bags & Mug Rugs NEW		1pm-4	8 - 15	Bead: Bead Embroidery NEW
	9am-12	6 - 15	Art I: Weaving & Loom Projects		9am-12	6 - 9	Art IV: Print/Paper Popup Design
	9am-12	8 - 15	Bead: Dream or Suncatchers	August	9am-12	6 - 15	Art I: Weaving & Loom Projects
June	9am-12	9 - 15	Machine Sew II: Summer shorts/skirts	5 - 9.	9am-12	8 - 15	Bead: Peyote Treasure Bag
3 - 7	1pm-4	6 - 9	Art II: Drawing/Watercolor		1pm-4	6 - 9	Sewing & Quilting
	1pm-4	8 - 15	Lumen Printing with plants NEW		1pm-4	9 - 15	Machine Sew II:Skirts & Shorts
	1pm-4	9 - 15	Books, Boxes, Poppups NEW				
	9am-12	6 - 9	Art VII: Puppets, Art Action Dolls		9am-12	6 - 15	Explore Clay
June	9am-12	8 - 15	Bead: Figures & Fairy Forms	August	9am-12	8 - 15	Bead: Animal World
10--14	1pm-4	6 - 15	Flower Prints, Pressed Flower NEW	12 - 16.	9am-12	9 - 15	Machine Sew IV: Party Dresses NEW
	1pm-4	9 - 15	Machine Sewing III: Quilt Blocks		1pm-4	6 - 9	Fantasy Costumes
					1pm-4	8 - 15	Soft World of Animal Toys

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 per session x \_\_\_\_\_ sessions = \_\_\_\_\_ + \$10 (Noon hour each week) = \_\_\_\_\_ Total ch # \_\_\_\_\_.

Fees: (4 days) \$80 x # \_\_\_\_\_ sessions = \_\_\_\_\_ + \$10 (Noon hour each week) = \_\_\_\_\_ Total check # \_\_\_\_\_.

Send 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 \_\_\_\_\_