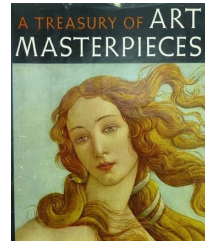
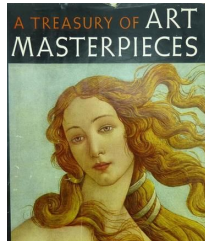
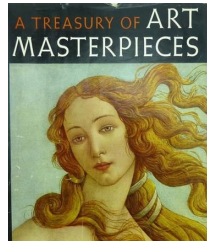


**Come experience the MDHS Summer Art Camp!  
Master Pieces: Art Inspired by the Masters  
June 3rd-6th for Grades K-8**



**Every camper will make a variety of 2D and 3D art, receive a t-shirt, and have a daily snack! Camp held in the Mater Dei art room.**

Please fill out the following information sheet and mail, with payment, to 1300 Harmony Way, Evansville, IN 47720. **Please make checks payable to Toni Wallace.**

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Please circle time:

**9:00-11:00 am**

**12:00-2:00 pm**

**3:00-5:00 pm**

T-shirt size (circle): YS YM YL AS AM AL

**Discount for more than one child!** First child \$65, two children for \$110, three for \$160. Please fill out a separate form for each child!

**Thanks for your support in your child's creativity!**

**We look forward to seeing you!**

**Mrs. Wallace and Mrs. Joffray**

Please contact us if you have any questions at

[twallace@evmaterdei.org](mailto:twallace@evmaterdei.org) or [jjoffray@evdio.org](mailto:jjoffray@evdio.org)

***Drop off in North parking lot, pass MD first left!***

***PLEASE NO EARLY DROP OFFS, CAMPERS MAY ARRIVE 10 MIN BEFORE SESSION!***

**Please sign and send permission slip as well.**

Mater Dei's staff is committed to meeting the needs of all students, in so far as possible. There are some conditions, however, for which the school cannot provide the necessary resources.

Emergency Contact:

Home/Cell #:

In case of accident or serious illness, I request the school to contact me. If I cannot be reached, I hereby authorize the school to make whatever arrangements the circumstances allow. It is understood and agreed that Mater Dei, the faculty, nor the Diocese is the insurer of my child's health and safety while at Mater Dei High School. It is my obligation to provide insurance for my child. If my child needs emergency medical care, and neither parent nor emergency contact can be contacted, consent is granted for such emergency treatment considered necessary by the attending physician.

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Parent/Guardian Signature