**Arts Action Christmas Camp**

Dear Parent/Guardian

I would like to invite your son/daughter to the **Arts Action Camp** which we are planning to take place from Monday 16th December until Wednesday 18th December 2024. The normal day runs between 9am-4pm in the Senior School Art Department at Wellingborough School. There is an option available for early drop off (8am) and late pick up (5pm), for an extra £10 per day.

The Camp is open to children from Year 3 to year 13 (8-18 years old). In the past we have opened this up to Reception-Year 2 also but due to the vast difference in abilities we would need approx. ten pupils in these year groups to sign up by Monday 2nd December, after which we will make the decision if this youngest group can run.

The Camp promises to be full of fun and will include some or all of the following: etching, photography, digital artwork, animation, painting, drawing, collage, felt making, silk painting, textiles and sculpture, with an opportunity to take home all their masterpieces. This is a brilliant opportunity for older students to create additional coursework and for younger pupils to develop their creativity. Students are divided into age/ability groupings, to ensure they get the most out of all activities regardless of their ability.

***Cost per day = £42 (10% discount will be offered for each additional sibling).***

There are limited spaces available and therefore spaces will be allocated on a 'first come first served basis so I recommend you book as early as possible to avoid disappointment.

All children will need to bring a packed lunch, drinks and snacks .- **please note the packed lunch must not contain nuts.**

Should your child wish to attend the Arts Action Camp please complete the Consent Form attached, then return it to main Reception by the 2nd December, in an envelope marked 'Arts Action Summer Camp' or email artsactioncamp@gmail.com**. Cheques and bank transfers should be made payable to 'Julia Hennessy' and must be handed in by the 2nd December deadline. Lloyds 30-92-55 24604060 or cash can be paid upon arrival.** Once staffing is put in place by 4th December no refunds can be offered and cash payment will still need to be honored in full. Should you have any further questions, please do not hesitate to contact me on 07742026739 or artsactioncamp@gmail.com **Confirmation of booking and all further correspondence for the Arts Camp will be sent to the email address noted on your consent form.** Please follow artsactioncampnorthants on Instagram and facebook

Yours sincerely



Arts Action Camp Participant's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the form below, ticking the camp and days you wish your child to attend:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mon 16th Dec | Tue 17th Dec | Wed 18th |
| Art/Photography Camp |  |  |  |
| Early/Late |  |  |  |

|  |  |
| --- | --- |
| Parent/Guardian Name |  |
| Address |  |
| Child's D.O.B |  | Phone Number | Please give two numbers available during the Camp |
| School Year |  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Doctor |  | Medical conditions |  |
| Address of Doctor |  | Allergies |  |
| Dietary requirements |  |
| Doctor’s phone no. |  | Other information |  |

Medication which needs to be taken should be handed to the Camp Director on the first day of arrival, clearly identified with the child's name and written instructions accompanying the medication for dosage and time of administration. Pupils with asthma are expected to keep their inhalers with them at all times. All inhalers must be clearly labelled.

**Permission to use Photographs and Videos**

To promote further Arts Action Camps we may wish to take photographs/videos of your child. By signing this form, you are granting us permission to use photographs/videos for future promotional material.

**Disclaimer**

I have read the information provided and agree to my child's participation in the Arts Action Camp. I believe that the information provided above is correct and will notify the Camp Director of any changes. I accept that art, dance, sport and activities on any camp involve an inherent risk of injury. I agree to my child receiving medication as instructed and to any dental, medical or surgical treatments as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I agree to J Hennessy storing my data and contacting me for the purpose of Art Camp related activities in the future.

***I will* pay *cash on arrival /I enclose a cheque or make a balance transfer\* for £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( insert amount)***

\*Delete as appropriate

**All Cheques and balance transfers payable to ‘Julia Hennessy’ must be handed in before the 2nd December deadline please.**



|  |  |
| --- | --- |
| Signature of Parent/Guardian |  |
| Date |  |

**Dates for your diary – Easter Camp will run from 7th-11th April 2025.**