SUMMER ART CAMP 2026



~Open to any students entering 1st, 2nd, 3rd, and 4th grades in fall of 2026~

Students will use their creativity and materials provided to create some fun summer art projects! We will use paints and air-dry clay for sculpture in the Carl Sandburg art room for these projects.

Dates	Art Project
Tuesday, July 7, 9-10:30	A Great Wave Painting
Wednesday, July 8, 9-10:30am	Coral & Fish Sculpture
Thursday, July 9, 9-10:30am	Outstanding Octopus Painting

Please feel free to contact Ms. Bryan with any questions about registration, project specifics, special needs, or any concerns at bryanh@charleston.k12.il.us.

Registration is due to Carl Sandburg office by Friday, July 3rd *mailing address is 1924 Reynolds Drive, Charleston* or *front office between 7am-3pm M-F* to ensure materials for attending artists. The cost is $20 per class and $60 for all three. Projects are independent of each other and will go home each day. Registration confirmation will be sent by email.

We are grateful to the Charleston Joint PTA for their support for this program!

"Pursuant to the Charleston Community Unit District #1 policies permitting community organizations to reach a larger audience through the schools, attached is an informational sheet regarding Summer Art Camp July 2026. The views expressed in the attached advertisement are solely those of Ms. Bryan's Art Camp and do not reflect the views of or are not endorsed by the school district, any of the Board members, administration, faculty staff or any other persons associated with the school district in any way."

_ _ _ _ _ _ please complete & return next page with payment _ _ _ _ _ _

Student's first & last name _____ _____

Grade finishing 2025-2026 K 1 2 3

Parent/Guardian name _____ _____

Parent/guardian phone number _____ - _____ - _____

Optional:

Emergency contact (close friend or family member) available during camp hours with permission for pick-up:

Name _____ relationship to child _____

_____-_____-_____

Emergency contact (close friend or family member) available during camp hours with permission for pick-up:

Name _____ relationship to child _____

_____-_____-_____

Student 's food/outdoor allergies or medical conditions: _____

_____

I am aware of pick up and drop off times at the front door of Carl Sandburg Elementary School. In the event of a question or concern, I can be reached during my child's class time.

Parent Signature _____ Date _____

The registration fee is $20 per class, $60 for all 3

Payment is **CASH** or **CHECK** in the amount of _____

checks payable to Carl Sandburg: Mail or drop off to: Att: Ms. Bryan

Carl Sandburg Elementary School

1924 Reynolds Dr., Charleston, IL 61920

My child (or children) plan to attend:

July 7 July 8 July 9