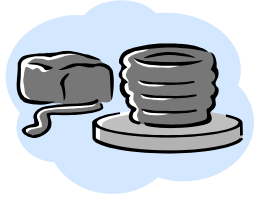




Play in Clay



This program is for students who have completed grades K through 7 interested in working with clay and creating a ceramic work of art. Children will learn about the basics of ceramics. Where does clay come from? What can we do with it? The groups will be split up as follows:

Group 1: Completed K, 1, and 2. (These students, accompanied by a parent, will create basic forms from clay)

Group 2: Completed 3 or 4. (These students will create ceramic hot plates with their own unique designs carved onto them.)

Group 3: Completed 5, 6, or 7. (These students will build and carve a vessel from clay which will be food and microwave safe!)



Time: Group 3 1:00 p.m. to 3:00 p.m.

Group 2 3:15 p.m. to 4:15 p.m.

Group 1 4:30 p.m. to 5:30 p.m.

Dates: Monday, Wednesday, Friday

June 14, 16, 18, 21, 23, 25

Location: Art Room, Ridpath Elementary School

Fee: \$15.00 per student in Group 1

\$20.00 per student in Groups 2 and 3



Make checks payable to: Greencastle Parks & Recreation Department

Return this form to:

City Hall, One North Locust Street, Greencastle, IN 46135

For more information contact Troy at (765) 653-3395 or tscott@cityofgreencastle.com

Child's Name: _____

Parent's Name: _____

Address: _____ City: _____

Home Telephone: _____ Work: _____

Parent's E Mail Address: _____

Last Grade Completed: _____ Gender: Male or Female

I give my permission for my child/ward to participate in the Play in the Clay Program offered by Greencastle Parks & Recreation Department. I release the City of Greencastle, its employees and instructors from any responsibility in case of injury, illness or death of my son, daughter or ward while participating in the program. Furthermore, I hereby consent that any photograph or likeness of my child taken in conjunction to his/ her participation in this program may be used by the City of Greencastle for publicity or recognition purposes; including, but not limited to, publications on the City's website, posters, brochures or press releases.

Parent's/ Guardian's Name(s): _____ Date: _____

For office use only:

Date Received: _____ Amount Paid: _____ Cash _____ Check# _____ Receipt# _____