

**Mountain Roots**  
**Summer Pottery Camps** at the  
**Transylvania Community Arts Council**  
349 South Caldwell St. Brevard, NC 28712  
**July 11-15 & July 25-29, 2016**

**Morning Session:** 9:00 a.m. – 12:00 p.m. for ages 6-10.

**Afternoon Session:** 1:30 – 4:30 p.m. for ages 11-15

**Curriculum Overview:**

**Camps will be held at the Transylvania Community Arts Council** located on Caldwell St. in downtown Brevard. During the week students will be introduced to the properties of clay and will have the opportunity to learn and practice basic hand-building skills. These include the pinch, coil, and slab techniques. In addition, the basics of clay sculpture will be introduced. The afternoon classes for older students will include both hand building and wheel throwing instruction. Students from both sessions will have the opportunity to hand-paint some of their creations on the last day of camp. All other ware will be glazed in our dinnerware safe glazes and will be available for pick-up at the **Community Arts Council** three-weeks after camp. Shipping can be arranged for an additional fee: *There is a \$15 handling fee per camper plus the cost of shipping.*

**The following is a tentative overall schedule for the week:**

**Monday-** pinch method

**Tuesday-**coil method

**Wednesday-** slab method

**Thursday-** sculpture

**Friday-** glazing and finishing up

The **Transylvania Community Arts Council** will be open for student drop-off **10 minutes prior to the start of classes**, which begin at 9:00 a.m. and 1:30 p.m. respectively. Classes end promptly at noon and 4:30 p.m. If for any reason you are delayed in picking up your child, please be sure to contact the Arts Council so that supervision arrangements can be made 828-884-ARTS (2787). A \$5 fee will be assessed for students dropped off early or picked up late. If someone other than a parent or legal guardian will be picking up your child, please inform the instructor prior to the start of class.

**Class Schedules will follow the following format:**

**Drop Off:** 8:50 a.m. - 9:00 a.m. / 1:20 p.m. – 1:30 p.m.

**Snack:** 10:15 - 10:30 a.m. / 2:45 - 3:00 p.m.

**Clean Up:** 11:45 a.m. – 12:00 p.m. / 4:15 – 4:30 p.m.

**Pick Up:** 12:00 – 12:10 p.m. / 4:30 - 4:40 p.m.

Materials and equipment are provided for each class, but we advise students to wear old clothes and to bring an apron/coverall for extra protection. We request students not wear any jewelry on hands or wrists (including watches) during classes as these can get dirty and damaged with the clay, glaze and equipment. Hand building and wheel throwing are much easier with short fingernails.

All applications will be accepted at the Transylvania Community Arts Council.

❖ 349 South Caldwell St ❖ Brevard, NC 28712 ❖ (828) 884-ARTS(2787)

Please make checks payable to: Mountain Roots, Inc.

[www.MountainRoots.org](http://www.MountainRoots.org)



For Office Use:

Date Received:

\_\_\_/\_\_\_/\_\_\_

Health Form:

\_\_\_/\_\_\_/\_\_\_

# Mountain Roots Pottery Day Camp Application

Please Attach  
Current Photo

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Circle One: Male / Female Date of Birth: \_\_\_\_\_

Age at Camp: \_\_\_ Current Grade: \_\_\_ School: \_\_\_\_\_

Parent/Guardian(s) with Legal Custody: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Billing Name and Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

## Sessions run Monday through Friday:

AM: 9:00 a.m. to noon (Ages 6-10) PM: 1:30 p.m. to 4:30 p.m. (Ages 10-15)

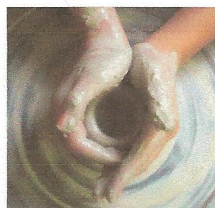
Please check the session or sessions that your child would like to attend:

Camps will be held at the Transylvania Community Arts Council

Session 1: Please check one:

☐ ☐

**July 11-15** AM PM



Session 2: Please check one:

☐ ☐

**July 25-29** AM PM

**COST PER SESSION:** Each camp session costs \$225 per participant. A deposit of \$112.50/child per session is due with the application. The deposit will be applied to tuition. The remaining tuition is due two weeks before camp starts. Cost includes program, materials, supervision, and snacks.

**Cancellation Policies:** One-week notice: owe full tuition / Two-weeks notice - owe 50% of tuition / Three weeks notice: owe 25% of tuition.

If someone other than a parent/guardian will be picking up your child, please include their contact information:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

A minimum of 8 participants is needed to run a session.

If for some reason a session doesn't make, your deposit will be refunded to you.

Please make checks payable to Mountain Roots, Inc.

Visit [www.MountainRoots.org](http://www.MountainRoots.org) for more information.

**Please complete  
the back of  
this form.**

# Mountain Roots Pottery Camp Health History Form

Please complete and return with the application.

Camper Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Circle One: Male / Female

Is camper staying somewhere other than their primary residence while attending camp? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Dietary Considerations: \_\_\_\_\_

Current Medications (send w/ instructions daily) \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Does your child have any known Allergies? Yes / No (if yes, specify below)

Specify: \_\_\_\_\_

Does your child have any known Special Needs? Yes / No (if yes, specify below)

Specify: \_\_\_\_\_

Is there any other medical information we should know about Yes/No? If yes, please explain:

## IN THE EVENT OF AN EMERGENCY (the hospital will need the following info.)

Insurance Company Name: \_\_\_\_\_

Phone # for benefits: ( ) \_\_\_\_\_

Street address to mail claim: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Group Name: \_\_\_\_\_

Certificate or Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

This health history is complete as far as I know, (if changes occur in health of related conditions, I will contact Mountain Roots in writing), and the person described herein has permission to engage in all prescribed camp activities except as noted. **AUTHORAZIATION FOR TREATMENT:** I hereby give permission to the medical personnel selected by Mountain Roots to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached administer treatment, including hospitalization or surgery, for my child as named above.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_