

BOSQUE ARTS CENTER

# Imagination Factory

Monday, June 16 – Thursday, June 19, 2025

For children who have completed 1<sup>st</sup> grade through 5<sup>th</sup> grade

Student's Name \_\_\_\_\_ ☐ Male ☐ Female

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Student's DOB \_\_\_\_\_ Student's Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Student's Interest/Hobbies \_\_\_\_\_

## Art Camp Fee

**Full Day Camp** – 8:45 a.m. to 4:00 p.m.- **\$90** per student

**Registration deadline is Wednesday, June 4, 2025.**

**Sorry, no refunds after Friday, June 6, 2025.**

**Note: There are some enrollment limitations for this camp.**

Make Checks to: BOSQUE ARTS CENTER, P.O. Box 373, Clifton, Texas 76634  
*Scholarship information available upon request. CALL (254) 675-3724 For More Info.*

Fee includes enrollment, supplies, and daily snack. ***Students must provide their own sack lunch and drink.*** **WEAR OLD CLOTHES & SHOES.**

## Release Form

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_  
a child under the age of eighteen and I hereby give my permission for said child to take instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Arts Center. In the event of an accident and/or illness, I authorize the Arts Center or one of its instructors or employees to seek medical attention and I will assume all expenses incurred.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(nose bleeds, allergies, physical disorders, etc.)

Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_  
(home, work, cell)

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Photographs including my child participating in activities  
may be used for publicity purposes.

YES ☐

NO ☐