

Information & Location

There are 3 separate one-week camps.
All camps have the same curriculum.

Week 1: June 20 - June 24

Week 2: June 27- July 1

Week 3: July 11 - July 15

Time: 9:00 am - 2:00 pm

Fee: \$225/5 day week
(after first child, siblings \$35 dollars off)

Bring: Lunch and a sweatshirt
Daycare: Available on site. Call 485-3102

Location: Camp is held at Glenwood
Elementary School, 25 West Castlewood Dr.,
San Rafael.

Information: Contact Holly at
415-328-5819 or hckuhlman@comcast.net
Visit website at: www.campdraw.com
(website online March 1)

Refund Policy: 100% refund until
June 15, 2011. 50% refund afterwards.

ABOUT THE TEACHER



Camp founder and
director, Holly Kuhlman,
is a California Creden-
tialed teacher, who taught
special education in the
public schools for 12
years. She teaches art
at Glenwood Elementary
School and is the school
Librarian.

ABOUT



CAMP DRAW stands for DRAWING, READING, ACTING AND WRITING. We focus on these areas so that kids will stay active in Language Arts skills. For children entering 1st grade and up.

CAMP DRAW is in its 20th year of working with children aged 6-11 years old. A multi-graded group enhances the education and growth for all. Each summer the curriculum changes, introducing new books, drawings, and crafts. A Readers' Theatre play is performed on Fridays. Adult/child ratio is 1:8.

CAMP DRAW. 2011 Registration Form

Names _____ School _____ Grade in Fall _____

Parents _____ Phones _____

Address _____ City _____ Zip _____

E-mail Address _____ Emergency Contact _____

Check Week (\$225 ea) June 20 June 27 July 11

Payable to Holly Kuhlman/CAMP DRAW

RELEASE OF LIABILITY

I authorize CAMP DRAW staff to seek medical attention for my child. If such attention is needed, I expect to cover my child's health care costs and related expenses. I accept any and all risks and I release CAMP DRAW, its director, independent contractors and Glenwood School from any liability in connection with the activities of the camp. On behalf of myself and my children, I release those parties from all liability in connection therewith. I hereby waive my right and my child's right to file a claim in court in the event of my child's injury or death. I also understand the camp retains the right to use for publicity purposes, photos of the children or their artwork taken at camp. I have read this agreement carefully and fully understand its contents.

Name(s) of children _____

Parent or Guardian _____

Printed _____ Signature _____ Date _____

Health Insurance _____ Doctor _____ Phone: _____

Please inform us of any allergies or medical conditions relating to your child.

— Please complete the form above and mail to: 30 Laurelwood Ct. San Rafael, CA 94901 —