

# Ohlone Art Camp

Ohlone Art Camp started at Ohlone Elementary School but moved to my studio during remodeling at school. I kept the name because I am sure that Ohlone Indians lived in my neighborhood; I have found arrowheads, bones, and seashells in my yard!

2009-10



## After-School Embroidery Classes and Winter Camps

Learn the art of embroidery (painting with thread).

Classes are held in my home at 245 Wilton Avenue in Palo Alto.

Depending on class sizes, we'll either hang out in the house or get cozy out in the studio! A rainy day may offer us an opportunity to bake cookies! No TV allowed! Bring your books if you want to read or study. We'll learn a new word every day!

REMEMBER KRISTEN'S 3 RULES: • HAVE FUN • SLOW DOWN

• NO ERASERS ALLOWED BECAUSE THERE IS NO SUCH THING AS A MISTAKE IN ART!

**After-school hours: 3:30 to 6 p.m., Monday-Friday - Only \$25/day**  
**Winter Camp hours: 9 a.m to 3 p.m. (see dates & fees below)**

*Open for ages 8 and up (TEENS WELCOME!) and attendance is recommended for children who will be dedicated to the art of stitching.*

*(Please note: this is **NOT** a child care service!)*

**SIGN UP AND PAY NOW TO GUARANTEE YOUR PLACE!**

**SPACE IS LIMITED SO ENROLLMENT IS FIRST-COME, FIRST-SERVED.**

**Cost (see below) plus one-time sewing kit fee of \$50 includes scissors, brocade needle & scissor case, needles, hoop, fabric pencil, and embroidery-ready cotton towel. Threads are included in class fee. Kits will be ordered upon confirmation of attendees. CLASS SIZE: 4 min/10 max**

**Enclose checks payable to Kristen Johnson and mail to:  
 245 Wilton Ave., Palo Alto, CA 94306**

**650.493.4383 - Email: [graffikdezine@comcast.net](mailto:graffikdezine@comcast.net)**



Refunds (less a \$20 processing charge) will be made only if cancellation is at least three (3) weeks prior to the week of participation. A \$20.00 fee will be charged for returned checks.

### DATES & FEES

#### Stitch Classes

Signup for 1 to 5 days per week, payable monthly. (Mon-Fri)

**\$25/day + cost of kit**

### WINTER BREAK CAMP

**9:00am-3:00pm**

Dec 21, 22, 28, 29, 30, 31 (9am-3pm)

**\$350 + cost of kit**

*(equals less than \$10/hour)*

CHILD NAME \_\_\_\_\_

AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**👉 COMPLETE THE EMERGENCY FORM ON THE NEXT PAGE AND RETURN BOTH PAGES WITH YOUR PAYMENT**

**Visit [ohloneartcamp.com](http://ohloneartcamp.com)**

For camp use only: Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

# Ohlone Art Camp Emergency Contacts

***This form must be completed and returned with payment.***

<b>Child #1</b> Name _____ Age _____ School _____  <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications/food.	<b>Child #3</b> Name _____ Age _____ School _____  <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications/food.
<b>Child #2</b> Name _____ Age _____ School _____  <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications/food.	<b>Child #4</b> Name _____ Age _____ School _____  <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications/food.

In case of emergency, I/we authorize Kristen L. Johnson to contact paramedics and transport my child/ren to the nearest hospital. \_\_\_\_\_ (Initial)

In case of minor scrapes, I/we authorize the use of an antibacterial spray to be used with a bandage. \_\_\_\_\_ (Initial)

***I understand that by signing this document, I am releasing Kristen L. Johnson and Graffik Dezine from any and all liability for personal injury, including physical, emotional, pain, and suffering injuries and/or property loss and damage which my child/ren incurs as a result of participation in the Ohlone Art Camp.***

**Parent/guardian signature** \_\_\_\_\_

Parent's name (please print): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**PLEASE CHECK PRIMARY PHONE TO BE CALLED IF NECESSARY DURING CAMP HOURS:**

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent #1 Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent #2 Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail (*PLEASE PRINT CLEARLY*): \_\_\_\_\_

Your email address is important for additional classes and early registration.

**In case of emergency please contact (if parents listed above are not available):**

**#1 Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_