**The Alden B. Dow Home and Studio presents the Summer Writing Studio 2016**

**The Alden B. Dow Home and Studio will be hosting a**

**Summer Writing Studio for students in grades 6 ­- 12. Each session includes a snack, writing time in this inspiring**

**National Historic Landmark and time for sharing.**

**Students need to provide their own transportation and their own writing materials such as writing notebook and pencils.**

**Students must pre-register for the program by JUNE 15 at** [**quinn@abdow.org**](mailto:quinn@abdow.org) **or by completing this form and returning it to**

**the Alden B. Dow Home and Studio, 315 Post Street, Midland, MI 48640**

**Please check next to the dates your student will attend:**

**\_\_\_ Wednesday, June 22, 11 am – 1 pm \_\_\_ Wednesday, July 13, 11 am – 1 pm (field trip day)**

**\_\_\_Tuesday, July 19, 11 am – 1 pm \_\_\_ Wednesday, August 17, 11 am – 1 pm (field trip day)**

**\_\_\_ Tuesday, August 23, 11 am – 1 pm**

**Please check next to items that apply:**

**\_\_\_ I will donate a snack for the group (The Home and Studio will contact you with details)**

**\_\_\_ I give consent for photo release to the media for my student (Consenting Adult­­­­)**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WE LOOK FORWARD TO SEEING YOU! QUESTIONS? CALL THE ABD HOME AND STUDIO AT 989.839.2744**

**Field trip and medical permission slip**

**The Writer’s Studio will be taking a field trip to The Dow Gardens and/or the Midland Farmer’s Market on Wednesday, July 13 and/or Wednesday, August 17 (weather dependent). We will walk to the Dow Gardens/ Farmer’s Market from the Home and Studio. Students are responsible for a $1.00 entrance fee to Dow Gardens, and any additional money wanted to purchase items at the Farmer’s Market.**

**I give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the field trip to Dow Gardens/The Farmer’s Market.**

**If your child has any medical or mobility issues you would like us to be aware of, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, I give permission for my child to receive medical treatment.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**