

Summer Camp Creation 2021

Half Day | Ages 3-6

This is a week long, 9am-12pm program especially designed for our younger artists!

Up to 6 Students per class.

Week #:	Start Date:	Project:
HD#1	June 28th - July 2nd	Around the World
HD#2	July 5th - 9th	Pirates and Princesses
HD#3	July 12th - 16th	Outer Space
HD#4	July 19th-23rd	Silly Messy Projects
	VILLAGE FAIR DAYS	
HD#5	August 9th - 13th	Under the Sea

Each week will consist of projects related to the theme of the week and include story and snack time.

Parents should remember that we use all sorts of materials.

Campers should wear clothes and shoes that can get dirty.

Student Exhibition:

There will be an exhibit of artwork created during summer Camp Creation. This will be a virtual show, at least for now, due to Covid. We cannot, at this time, plan an in person gallery show.

More details will develop as the summer progresses.

Fee: \$220* / week includes all supplies.

- Payment in full is required with registration
- Due to scheduling, popularity and the structure of this camp, fees are not refundable.**

**Extreme hardship cases will be addressed.

Early Drop off and Late Pick-Up

AM Extension Hours: Before 8:45 am; Early drop-off Fee: \$15/day

Optional: "Lunch at the Park" Extension till 1:30 pm \$20/day.

Froyo after lunch (optional) \$4.00 in cash/day



12 Main Street, New Milford, CT 06776 | 860.354.4318 | villagecenterarts.org

Summer Camp Creation 2021

3 – 6 Years Old. Weekly Half-Day AM Program. 9:00am – 12:00pm.

Please fill out form completely.

Check Week(s):

HD #1 June 28th HD #2 July 5th HD #3 July 12th HD #4 July 19th HD #5 August 9th

Student's Name: _____ Age: _____ Gender: _____

Street Address: _____ Town: _____

State: _____ Zip: _____ Home Phone: _____ Birthday: _____

E-Mail (please write clearly): _____

Student Primarily Lives With: (Check all that apply): Parent(s) Sister(s) Brother(s)

Parent: _____ Cell Ph: _____

First & Last Name

Daytime Ph: _____

Parent: _____ Cell Ph: _____

First & Last Name

Daytime Ph: _____

Emergency Contact other than Parents:

Name: _____

Phone: _____

Relationship: _____

In order for your child to have a successful camp week, please inform us of if your child has any conditions that may affect their ability to process instructions. Your child may need a care-giver to accompany them to camp. Please call prior to registration to discuss your individual case with the instructor. Please make us fully aware of any medications your child takes daily and/or may need during the camp day and attach specifications to this sheet.

Allergies:

Circle all allergies that apply: Bees Peanuts Dairy Cats Dogs Pollen Other: _____

Degree of Severity: Mild 1 2 3 4 5 6 7 8 9 10 Critical
(Check One)

Special Remedies required: (i.e. Epi-pen) _____

Family Doctor: _____ Phone: _____

Parental Consent Form

In the event of an emergency and I cannot be reached, I hereby give my permission for Village Center for the Arts (VCA) Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid.

I give permission and understand that VCA Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

SIGN: _____ DATE: _____
(Parent Signature)

Please Answer: How did you find out about VCA's Summer Camp Creation?

Due to the rising costs of credit card processing, we ask that you consider paying with cash or check. Make checks Payable & Mail to: VCA, 12 Main Street New Milford, CT 06776

OR MC / Visa: # _____ - _____ - _____ - _____

AMEX: # _____ - _____ - _____

Exp Date: ____/____ CCV: _____

Name on Card: _____ Home Zip Code: _____

I, _____, allow my child, _____,

(Parent's printed name) _____

(Child's printed name) _____

to walk to the Village Green or to Young's Field Park for Lunch Break daily I understand my child will be accompanied at all times by VCA staff personnel.

Signature: _____ Date: _____

By signing, I authorize Village Center for the Arts to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and or performance for informational programs, reports, and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

villagecenterarts.org

Return form to VCA | Email: vca@villagecenterarts.com | Web: www.villagecenterarts.org

