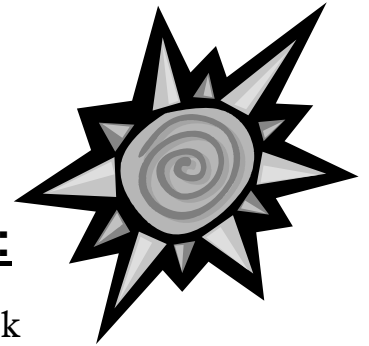


Summer Camp Creation 2010

Half Day Program



Ages 3 - 6



Week HD 1 – 9: Theme of Weeks:

Week # HD1.	Jun. 21:	Around the World Week
Week # HD2.	June 28:	Futuristic Week
Week # HD3.	July 5:	Pirates and Princesses Week
Week # HD4.	July 12:	Under the Sea Week
Week # HD5.	July 19:	Think Green Week
NO CAMP	July 26:	VILLAGE FAIR DAYS
Week # HD6.	Aug. 2:	Pirates & Princesses Week II
Week # HD7.	Aug. 9:	Monster Week
Week # HD8.	Aug. 16:	Super Heroes Week
Week # HD9.	Aug. 23:	Masters Week

Each week will consist of story and snack time and projects related to the theme of the week. Kids should remember that we use all sorts of material! Please wear clothes and shoes that can get dirty!!

"TBA"

An Exhibition of VCA Student Work

Opening Night:

Saturday, September 4, 7:00 – 9:00 PM

Additional Viewing, Sunday, Sept. 5, 1 – 5 PM

All students will be represented by at least one piece of their artwork. The show will be held at St. Johns' Parish Hall on Whittlesey Ave. in New Milford.

All families will be invited to the Gala Opening of the show. Parents will be asked if they would like to assist with creating fabulous hors d'œuvres and desserts.

Please keep this page for your records.

Village Center for the Arts

villagecenterarts.com

Summer Camp Creation 2010 Half Day Program

Allergy Alert

List:

Please fill out form completely.

Circle Week(s):

HD#1. Jun. 21, HD #2. Jun. 28, HD#3. Jul.5, HD#4. Jul. 12, HD#5. Jul. 19,
No Camp July 26, HD#6. Aug. 2, HD#7. Aug. 9, HD#8. Aug. 16, HD#9 Aug. 23

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

Student's Name _____ Age _____ Male Female

Street Address _____ Town _____

State _____ Zip _____ Home Phone _____

E-Mail (please write clearly):

Student Primarily Lives With: (Circle all that apply): Mom Dad Sister(s) Brother(s)

Mother's _____ Cell Ph: _____

First & Last Name Daytime Ph: _____

Father's _____ Cell Ph: _____

First & Last Name Daytime Ph: _____

Emergency contact other than parents:

Name and Relationship _____ Phone _____

Allergies:

List Foods: _____

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

(circle one)

Special Remedies required: (ie. Epi-pen) _____

Family Doctor _____ Phone _____

Please list any special needs your child may have and make us aware of any medications your child takes daily and/or may need during the camp day and attach on a separate sheet of paper.

Student name: _____ Date: _____
Parent Number: _____ (Day Time Emergency Number)

Please return this page to VCA.

Village Center for the Arts

Fee: \$175 / week including supplies.

Payment in full is required with registration.

Due to scheduling, popularity and the structure of this camp, fees are not refundable.**

Optional: "Lunch at the Park" Extension till 1:30 pm \$15/day.

Ice cream after lunch (optional) \$3.00 in cash/day

Early drop-off (before 8:45am) Fee: \$10/day.

Late Pick-up (after 12:30pm) Fee: \$15/day.

** Extreme hardship cases will be addressed

Parental Consent Form

In the event of an emergency and I cannot be reached, I hereby give my permission for the 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.

SIGNED _____ **DATE** _____
(Parent Signature)

Checks Payable & Mail to: **VCA 12 Main Street New Milford, CT 06776**

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

Exp Date: ____/____/____

Name on Card: _____ Home Zip Code: _____

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

ie.... Newspaper, friend, internet?? _____

I, _____, allow my
(Parent's printed name)

Child, _____,
(Child's printed name)

**to walk to Young's Field Park for Lunch Break on specified days
(if part of the extended day program).**

I understand my child will be accompanied at all times by VCA staff personnel.

Signature

Date

Please return this page to VCA.