



A Connecticut Creative Arts Organization



ASAP! ArtCo NEW!

Grades 3-5
Washington Primary School Art Room, Washington

Tuesdays, 3:45-5:00pm
Oct. 11, 18, 25, Nov. 1, 15, 22, 29, Dec. 6

8 sessions: \$96 for Region 12 residents;
\$120 for nonresidents

Does your child love to create and wish for more time in the art classroom? ASAP! ArtCo expands creative time after school. Using a variety of mediums including clay, wood, sculpture, pastel, and tempera painting, students have fun developing their skills to produce their own unique works of art. Inspiration will also come from the different artists and styles introduced at each class.

ASAP! provides a healthful snack and supervision for Washington Primary School students after school until the workshop begins.

For more information or to view our privacy policy, visit our website www.asapct.org, or feel free to call us at 860-868-0740 or email us at asap@asapct.org. ASAP!® is a registered trademark of After School Arts Program, Inc. The After School Arts Program, Inc. is a 501(c)3 non-profit organization. Registration is on a first come, first served basis. Please recycle this paper. Refunds are not available. **Financial aid is available to those in need.**

REGISTER ME for **ASAP! ArtCo** | **Grades 3-5**



Student Information:

Name: _____ Age: ____ Grade: ____ Gender: M F School: _____
 Special Needs/Allergies: _____
 Emergency Contact (Name): _____ Emergency Contact (Phone): _____

Parent/Guardian Information:

Name: _____ Address: _____
 Name: _____ Address: _____
 Phone: _____ Cell: _____ E-mail: _____
 How did you hear about this program? _____

AMOUNT ENCLOSED \$ _____ Make checks payable to ASAP! and mail to: ASAP!, P.O. Box 15, Washington Depot, CT 06794

- Contact me about volunteer opportunities.
- NO, I do not wish to receive ASAP!'s e-mail newsletter for upcoming workshops and events.

I will hold harmless the Town of Washington, the After School Arts Program, Inc., Region 12 schools, and any of its agents, directors, employees, and supervisors for any responsibility or liability for any injuries or property damage which may arise from my or my child's participation in this program. I understand that in the event of any injury, my own personal medical insurance will be used.
 I, the undersigned, authorize ASAP! 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.

Parent/Guardian Signature: _____ Date: _____