



A Connecticut Creative Arts Organization



Fairy Houses & Magic Gardens

with Kezia Hearn

Grades 3-5

Burnham Elementary School Art Room, Bridgewater

Thursdays, 3:45-4:45pm

Oct. 6, 13, 27, Nov. 3, 10

5 sessions: \$60 for Region 12 residents;

\$75 for nonresidents



Extended After Care Enrichment available until 6:00pm through ACE. \$7/day.

Email: ACEBridgewater@gmail.com

Create a magical terrarium with its own ecosystem. Make miniature furniture from found objects and foraged materials. Learn how to care for this miniature world and then take it home to keep it alive and thriving for that special fairy looking for just the right place to live.

ASAP! provides a healthful snack and supervision for Burnham Elementary 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 Fairy Houses & Magic Gardens | 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., Burnham Elementary School, the Town of Bridgewater, 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: _____