



Take home  
your custom  
**Graffiti Hat!**

A Connecticut Creative Arts Organization



## HIP HOP PARTY DANCING & GRAFFITI ART

with Austin Dailey & Emil Serrano Jr.

**Ages 3-10**

*Washington Montessori School, New Preston*

**2018 | Saturday, January 27**  
**3:00pm-5:30pm**

**1 session: \$35**

ASAP! provides a healthful snack during this workshop.

Children who love to move and groove won't want to miss this high energy, fun class with Austin Dailey and a creative journey that explores the infinite possibilities of graffiti art with professional artist Emil Serrano, Jr. Kids will learn new party dance moves to the beat of Hip-Hop music and have fun with breakdancing, waving robotics and line dancing. Participants will learn Hip-Hop/breakdance vocabulary and basic routines, then work with Emil and learn how to make letters in bubble, block, 3D, and abstract form. Designs come to life with added highlights, outlines, and background. Children will take home their custom graffiti hat to wear while showing off their new dance moves!

For more information or to view our privacy policy, visit our website [www.asapct.org](http://www.asapct.org), or feel free to call us at **860-868-0740** or email us at [asap@asapct.org](mailto:asap@asapct.org). ASAP! After School Arts Program® 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 Hip Hop Party Dancing & Graffiti Art | Ages 3-10



### Student Information:

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: M F School: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_

Is there anything about your child that would be helpful to us? \_\_\_\_\_

### 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., Washington Montessori School, the Town of New Preston, 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: \_\_\_\_\_