

Visual, performing, literary arts & daily outdoor adventures!



A Connecticut Creative Arts Organization



**SUMMER CAMP 2018**

**\$595  
BEFORE  
MAY 1ST**

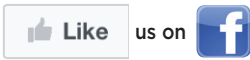
**Ages 4.5 to 17**  
Washington Montessori School,  
New Preston

**Monday-Friday, July 30-August 10**  
9:00am-3:30pm

**2 Weeks: \$595 before May 1st • \$650 after May 1st**  
*(Cost includes materials and healthful snacks)*

Now in its 18th year, children ages 4.5-17 come to *ASAP! Summer Camp* to play, make friends, explore their creativity, connect with nature, become inventors and discover something new! Voted #1 Cultural Arts Organization in Northwest Connecticut, *ASAP! Summer Camp* is a full-day camp like no other in the area. We offer a comprehensive arts experience led by professional artists. Daily adventures include visual arts, dance, drama, music, creative writing, circus arts, yoga, pottery, outdoor activities and so much more. At *ASAP! Summer Camp*, kids unplug so they can connect with themselves and each other.

**FORM DEADLINES: FINANCIAL AID FORM, HEALTH FORM, AND MEDICAL AUTHORIZATION FORM (if applicable) DUE JULY 1, 2018**  
**All forms can be downloaded from our website.**



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. Financial Aid is available to those in need. Visit our website [www.asapct.org](http://www.asapct.org) for ASAP! Summer Camp refund/cancellation policies. Please recycle this paper.

**REGISTER ME** for **ASAP!** SUMMER CAMP 2018 | July 30-August 10 | Ages 4.5 to 17

**Student Information:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Sept. 2018): \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Special Needs/Allergies: \_\_\_\_\_  
 Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_  
 Who is allowed to pick up your child? \_\_\_\_\_  
 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

**If applying for Financial Aid, please send along with this registration form. All forms can be downloaded from our website.**

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

I understand it is required that I send my child's health form to ASAP! no later than July 1, 2018. I will hold harmless the Town of Washington, the After School Arts Program, Inc., Washington Montessori School, 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: \_\_\_\_\_