



A Connecticut Creative Arts Organization



All Bark & Some Bites

with Alyssa Robb & Pastry Chef Amanda Glover

Ages 3-10

Washington Montessori School, New Preston

2017 | Saturday, December 2

3:00pm-5:30pm

1 session: \$35

Make your own Holiday Bark & Gift Wrap! What a perfect time to create a holiday gift for family and friends. Join Pastry Chef Amanda Glover in creating two types of chocolate bark; one is a festive white chocolate peppermint bark and the other a dark chocolate fruit and nut-studded bark (recipes can be altered for allergies). Of course you need something to wrap this savory gift! Artist Alyssa Robb will introduce patterns and stamps to compose playful designs relating to the holiday season and print handmade wrapping paper for our chocolate bark. Everyone will take home a bundle of delectable, beautifully designed packages for sharing and gifting.

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! 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 All Bark & Some Bites | 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: _____