

**A.R.T.S.**  
**ADAPTIVE ART CAMP FOR CHILDREN WITH SPECIAL  
NEEDS**

**AM SESSION : 9:30am-11:30am (for older campers)**

**PM SESSION : 1:00pm-3:00pm (for younger campers)**

**Camp Dates:** \_\_\_\_\_

*\*optional sleep over Friday night*

**COST: \$250 FOR THE SESSION. COST INCLUDES ALL ART PROJECT MATERIALS, FIRING OF CLAY PROJECTS, INSTRUCTION, SNACK AND SENSORIMOTOR PLAY ACTIVITIES. \* Please add \$25 if your child will participate in friday's sleepover to cover over night staffing costs \***

*Student's Name:* \_\_\_\_\_

*Age:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*E-Mail:* \_\_\_\_\_

*Today's Date:* \_\_\_\_\_

*Child's Prior Clay/Art Experience:* \_\_\_\_\_

*Child's Special Needs:* \_\_\_\_\_

*What would you like to see your child get out of Art*

*Camp?* \_\_\_\_\_

*\*Please communicate goals, concerns and strategies to staff prior to camp session.*

**EMERGENCY INFORMATION:**

*Please list any allergies:* \_\_\_\_\_

*In case of an emergency, call:* \_\_\_\_\_ *Phone*

*#:* \_\_\_\_\_ *CELL #*

*WAIVER: I hereby agree to indemnify and hold harmless Cindy Best, subcontracted, and volunteer staff from any liability of claim or action for damages from or in any way arising out of the participation in any program by the person registered. In case of accident or illness, Cindy Best has my permission to secure medical attention as deemed necessary, if unable to communicate with parent or guardian directly.*

*Signature Of Parent or Guardian:* \_\_\_\_\_

*Mail To: Cindy Best, P.O. Box 2592, New London, NH 03257*