

2019 CULTURAL ARTS SUMMER PROGRAMS

MULTICULTURAL ARTS, TECHNOLOGY, AMERICAN ART, AFRICAN & CHINESE DRUMMING, DANCE, WRITING

JULY 22
TO
AUGUST 2

❖ **Half Day AM - 8:30AM to 12:30PM**
Available to students entering gr. 1-9

❖ **Half Day PM - 1PM to 5PM**
Available to students entering gr. 1-6

❖ **Full Day - 8:30AM to 5PM**
Available to students entering gr. 1-6 ONLY

ARTS & TECHNOLOGY SUMMER PROGRAM

@ Farmington High School (FHS), Farmington

8:30AM – 12:30PM, available to students entering gr. 1-9

Course Fee: \$45

This program offers opportunities for students to experience visual arts activities using cutting-edge technology (industry standard digital art and design software such as virtual reality and digital animation) as well as activities such as drawing, painting, ceramics, music dance, theatre and writing all taught by certified teachers and professional artists and performers. Students will also visit the Hill-Stead Museum in Farmington. Parents are invited to share in their child's experience during a closing ceremony presentation on **August 2 from 11:30AM – 12:30PM at the Farmington High School.**

MUSEUM ARTS SUMMER PROGRAM

@ The New Britain Museum of American Art (NBMAA), New Britain

1PM – 5PM, available to students entering gr. 1-6

Course Fee: FREE

Sponsored by the Consolidated School District of New Britain in collaboration with The Farmington, Hartford and Plainville Public Schools, this program offers students the opportunity to participate in activities such as drawing, painting, performing arts, creative writing, and book illustration based on the New Britain Museum of American Art collection. All activities are taught by certified teachers, museum instructors, professional artists and performers. Parents are invited to view the museum collection and share in their child's experience on **August 2 from 3:30PM - 5PM at the New Britain Museum of American Art.** Lunch will be provided!

Both programs are funded through a grant from the CT State Department of Education and are offered pending receipt of grant funding.

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PROGRAM SPECIFICS

- Registration **DEADLINE: June 21, 2019**
- Half day AM, half day PM and full day program options are available
- Both programs adhere to all Farmington Public School policies and procedures during program hours and during transportation to/from program locations.
- Students should bring a creative/inquisitive spirit and are encouraged to attend all 10 sessions.
- Students should bring a healthy snack, water bottle and lunch (if applicable) - snacks should **NOT** contain peanut products.
- Please contact the Farmington Continuing Education office at (860) 404-0290 x7075 if your child will be absent.
- Course fee **MAY** be reduced based on financial need – please call (860) 404-0290 x7075

TRANSPORTATION INFORMATION

- Parents/guardians **MUST** provide supervision at bus locations during pick-up and drop-off.
- A parent/guardian **MUST** sign their child in and out daily.
- Anyone other than a parent/guardian that is picking up **MUST** be documented on the Student Emergency Information Form under “alternate contact information”.
- Transportation, including a bus monitor, will be provided to/from the following locations:

	ARTS & TECHNOLOGY HALF DAY - AM		MUSEUM ARTS HALF DAY - PM	
	<i>Bus Pick-Up</i>	<i>Bus Drop-Off</i>	<i>Bus Pick-Up</i>	<i>Bus Drop-Off</i>
Rawson Elementary School, Hartford	8AM	12:55PM	1PM	5:25PM
Linden Street School, Plainville	8:05AM	12:55PM	1PM	5:20PM
Farmington High School, Farmington	----	----	12:30PM	5:30PM
The New Britain Museum of American Art, New Britain	8AM	12:55PM	----	----

QUESTIONS/INFORMATION

Contact Farmington Continuing Education at (860) 404-0290 x7075 or gottierj@fpsct.org for more information.

COMPLETE THE REGISTRATION AND STUDENT EMERGENCY INFORMATION FORMS AND RETURN, ALONG WITH APPLICABLE COURSE FEE, TO:

**Farmington Continuing Education,
1 Depot Place
Unionville, CT 06085**

**A confirmation email will be sent to confirm your child's registration!*

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REGISTRATION FORM

Pmt. Rcv'd ___/___/___
 Add to SM
 Conf. Email Sent

CONTACT INFORMATION

Student Name: _____ Age: _____ Grade (fall 2019): _____
Street: _____ City: _____ State: _____ Zip: _____
School Child Attends: _____ Race: _____ Gender (circle one): M F
Parent/Guardian Name: _____ Email: _____
Home Phone: _____ Cell Phone: _____

PROGRAM:

HALF DAY AM (\$45) - Arts & Technology Summer Program (8:30AM to 12:30PM)
 HALF DAY PM (FREE) - Museum Arts Summer Program (1PM to 5PM)
 FULL DAY (\$45) - Arts & Technology and Museum Arts Summer Programs (8:30AM to 5PM)

PHOTOGRAPHY PERMISSION

I **Do / Do Not** (circle one) give permission for my child to be photographed by the program staff for curriculum use, group photo or publications documenting the programs activities.

FIELD TRIP PERMISSION

My child, _____, (child's name) has my permission to participate in the 2019 Cultural Arts Summer Programs including all field trips. I hereby release and discharge Farmington Public Schools and the New Britain Museum of American Art, its agents, employees and officers, from all claims, demands, actions judgments, and executions which the undersigned ever had, or now has, or may have against the Farmington Public Schools and the New Britain Museum of American Art, its successors or arising out of, participation in the above named program. I, the undersigned, have read this release and understand all its items. I execute it voluntarily with full knowledge of its significance.

TRANSPORTATION INFORMATION

Please **CHECK** the transportation option for your child (**you cannot combine locations**):

FARMINGTON HIGH SCHOOL

HALF DAY – AM

ARRIVAL

Parent/Guardian @ FHS
 Linden Street School
 Rawson Elementary School
 NBMAA

DISMISSAL

Parent/Guardian @ FHS
 Linden Street School
 Rawson Elementary School
 NBMAA
 Attend Half Day PM

NEW BRITAIN MUSEUM OF AMERICAN ART

HALF DAY – PM

ARRIVAL

Parent/Guardian @ NBMAA
 Farmington High School
 Linden Street School
 Rawson Elementary School
 Attending from Half Day AM

DISMISSAL

Parent/Guardian @ NBMAA
 Farmington High School
 Linden Street School
 Rawson Elementary School

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

school to contact the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Preferred Hospital: _____
Physician's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Insurance Company: _____
Group#: _____ ID#: _____

Allergic to:

- Bee Stings
- Medication: _____
- Food: _____
- Other: _____

Medical concerns:

- Asthma (treated with nebulizer or inhaler)
- Diabetes
- Seizure Disorder
- Other: _____

Special Services: IEP _____ 504 _____

MEDICATIONS & PROCEDURES

*List any medication or procedures (tube feedings, etc.) that need to be administered **DURING SUMMER PROGRAM HOURS** (including name and dosage). A current **physician's medical authorization form** must be submitted for any medications or procedure listed below; otherwise the medication or treatment cannot be administered. **Forms MUST be submitted prior to the start of your child's summer program in order for your child to attend.**

Is there any emergency medication prescribed (e.g. EpiPen, etc.): Yes _____ No _____

Medication	Procedure	Administration Time and Dosage (per order)

I hereby request the medication listed above be administered to my child by the school nurse in accordance with State regulations and the Farmington Public Schools standing orders. *

Summer staff and nurses DO NOT have access to your child's school medical record therefore it is your responsibility to notify summer staff of any and all medical concerns that might impact him/her during this program by listing them below. If your child requires routine medications, emergency meds, a G-tube feeding, or other specific treatments, consult your current school nurse PRIOR to the end of the school year to verify that you have the proper forms to be signed by your medical provider (to be attached to this application) and supplies (spacers, feeding equipment, etc.) in order.

Please share any additional concerns or issues that you have about your child: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____