



12 Main Street, New Milford, CT 06776 | 860.354.4318 | villagecenterarts.org

Summer Camp Creation 2026

Half Day | Ages 3-6

This is a week long, 9am-12pm program especially designed for our younger artists! Up to 10 Students per class.

Weekly Camp Project Schedule

- HD#1 - Start Date - June 22nd - Famous Artist**
- HD#2 - Start Date - June 29th - Animals Everywhere**
- HD#3 - Start Date - July 6th - Mermaids & Monsters**
- HD#4 - Start Date - July 13th - Outer Space**
- HD#5 - Start Date - July 20th - Pirates & Princesses**
- HD#6 - Start Date - July 27th - Silly Messy Projects**
- HD#7 - Start Date - August 3rd - Under the Sea**
- HD#8 - Start Date - August 10 - Around the World**

Each week will consist of projects related to the theme of the week and include story and snack time. Parents should remember that we use all sorts of materials.

Campers should wear clothes and shoes that can get dirty.

Fee: \$250 / week includes all supplies.

For more information & registration forms visit our website: villagecenterarts.org

Student Exhibition:

There will be an exhibit of artwork created during Summer Camp Creation. More details will develop as the summer progresses.

Payment in full is required - Please see cancellation policy.

Tuition assistance is available. Please contact studio at (860) 354-4318.

Tuition Assistance forms are now available on our website under Tuition Assistance tab.

Download, fill them out, print them, and bring in with registration.

Extreme hardship cases can be addressed!

Cancellation policy Summer Camp Creation 2026

Due to the popularity of our camps, our cancellation policy is as follows:

Camp Week	Camp Start Date	Cancellation Date
Week 1	6/22/2026	4/30/2026
Week 2	6/29/2026	4/30/2026
Week 3	7/6/2026	5/7/2026
Week 4	7/13/2026	5/7/2026
Week 5	7/20/2026	5/14/2026
Week 6	7/27/2026	5/14/2026
Week 7	8/3/2026	5/21/2026
Week 8	8/10/2026	5/21/2026
Week 9	8/17/2026	5/21/2026

Cancellations made by the cancellation date will receive a full refund, less a \$50 administration fee.

Cancellations after the cancellation date will not receive a refund.

Special circumstances will be considered on an individual basis.



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Summer Camp Creation 2026

3 – 6 Years Old. Weekly Half-Day AM Program. 9:00am – 12:00pm.
Please fill out form completely. Check Week(s):

HD#1 - June 22nd - Famous Artist

HD#2 - June 29th - Animals Everywhere

HD#3 - July 6th - Mermaids & Monsters

HD#4 - July 13th - Outer Space

HD#5 - July 20th - Pirates & Princesses

HD#6 - July 27th - Silly Messy Projects

HD#7 - August 3rd - Under the Sea

HD#8 - August 10th - Around the World

Student's Name: _____

Age: _____

Street Address: _____ State: _____

Gender: _____

Zip: _____

Town: _____

Home/Cell Phone: _____

Birthday: _____

E-Mail (please write clearly): _____

Student Primarily Lives With: (Check all that apply): Parent(s) Sister(s) Brother(s) **Parent:**

Cell Ph: _____ Daytime Ph: _____

First & Last Name: _____

Parent: Cell Ph: _____ Daytime Ph: _____ First & Last Name: _____

Emergency contact other than parents:

Name: _____ Ph: _____

Relationship _____

In order for your child to have a successful camp week, please inform us of if your child has any conditions that may effect their ability to process instructions. Your child may need a care-giver to accompany them to camp. Please call prior to registration to discuss your individual case with the instructor. Please make us fully aware of any medications your child takes daily and/or may need during the camp day and attach specifications to this sheet.

List allergies: _____

Check all allergies that apply: Bees Peanuts Dairy Cats Dogs Pollen Other

Degree of Severity: Mild or Critical Special remedies required (i.e. Epi-Pen) _____

Family Doctor: _____ Ph: _____

Please fill out form completely

Return form to VCA | Email: vca@villagecenterarts.com | Web: www.villagecenterarts.org



Parental Consent Form

In the event of an emergency and I cannot be reached, I hereby give my permission for Village Center for the Arts (VCA) Instructor or their staff to obtain treatment for my child. I hereby authorize any health care provider to rely on this consent for treatment for my child. I give permission for treatment provided by EMTs and by staff trained in first aid.

I give permission and understand that VCA Instructors, their staff, or emergency services will provide transportation to New Milford Hospital. I agree to hold harmless, the Village Center for the Arts, its agents, employees and independently contracted instructors, against and from all liabilities, claims, costs, charges, and the like, due to any injury to my child, and/or treatment arising from my child's participation.

I have read and acknowledge the cancellation policy.

SIGN: _____ **DATE:** _____

Please Answer: How did you find out about VCA's Summer Camp Creation?

Due to rising cost of credit card processing we ask that you consider paying with cash or check. Make checks payable to VCA. Mail to 12 Main Street, New Milford, CT 06776.

MC/Visa : # _____

Amex: # _____

Ex Date: _____ CVV: _____

Name on Card: _____

Home Zip Code: _____

I allow my child to walk to the Village Green for Snack Break daily. I understand my child will be accompanied at all times by VCA staff personnel.

Parent Signature: _____ Date: _____

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