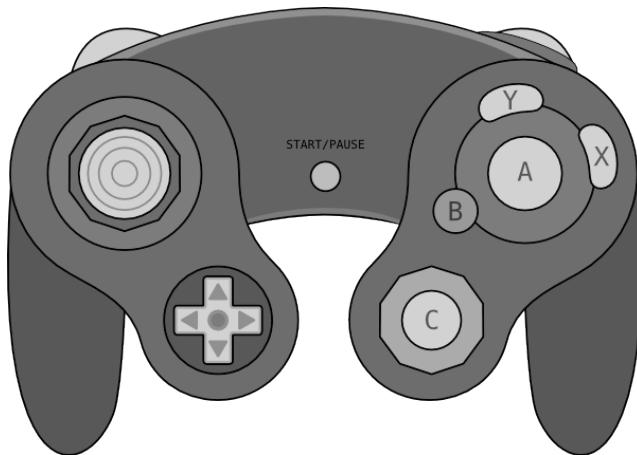


12 Main Street, New Milford, CT 06776 | 860.354.4318 | villagecenterarts.org

Video Game Camp Creation 2026



Program Description:

This camp is a time-traveling adventure through the video game universe!

We'll journey back to the roots of gaming, exploring the art and game-play of classic video games that shaped everything we play today. From Atari legends and Nintendo favorites to PC classics and modern consoles, students will dive into gaming history while unleashing their creativity.

Campers will study the art behind the games and learn how to draw and sculpt the iconic characters they love. Get ready for a fun workout for your thumbs and your imagination!

Class size limited to 12 campers per week.

Time: 9 am - 4pm Ages: 9 – 14

#1 July 6th - 10th ----- #2 July 13th - 17th

Fee: \$475.00/week*

*Due to scheduling, popularity and the structure of this camp,
fees are not refundable.**

** Extreme hardship cases will be addressed

For more information and tuition assistance please visit villagecenterarts.org



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Video Game Camp Creation 2026

#1 July 6th - 10th #2 July 13th - 17th

Student's Name _____ Age _____

Street Address _____ Town _____

State _____ Zip _____ Home Phone _____ Birthday _____

Email #1 _____

Email #2 _____

Student Primarily Lives With: Mom Dad Sister(s) Brother(s) Other

Parent _____ Cell _____ Home _____

Parent _____ Cell _____ Home _____

Emergency contact other than parents:

Name and Relationship _____ Phone _____

In order for your child to have a successful camp week, please inform us of if your child has any conditions that may affect 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.

Allergies: _____

List Foods: _____

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

Other: _____

Degree of Severity: Mild 1 2 3 4 5 6 7 8 9 10 Critical

Special Remedies required: (ie. Epi-pen) _____

Family Doctor _____ Phone _____

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 authorize Village Center for the Arts 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.

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

Week 1 - Start date 7/6/2026. Cancellation date by 5/7/2026

Week 2 - Start Date 7/13/2026. Cancellation date by 5/7/2026

I have read and acknowledge the cancellation policy.

SIGN _____

(Parent Signature)

DATE _____

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

Due to the rising costs of credit card processing we ask that you consider paying with cash or check.

Make checks Payable & Mail to: VCA 12 Main Street New Milford, CT 06776

OR MC / Visa: # _____ - _____ - _____ - _____

AMEX: # _____ - _____ - _____

Exp Date: ____ / ____ CCV: _____

Name on Card: _____ Home Zip Code: _____

I, _____, allow my child, _____, (Parent's printed name) (Child's printed name)

to walk to the Village Green or to Young's Field Park for Lunch Break daily and to participate in field trips to local downtown shops on Bank St. and Main St. I understand my child will be accompanied at all times by VCA staff personnel.

Signature

Date

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

