



KTS serves students with moderate-to-severe learning disabilities and/or high-functioning autism.

## **KTS Arts and Athletics One-Week Camp**

***“A Snow Storm in August”***

**A Full-Day Program for Students with Special Needs in Grades K-12  
9 a.m. to 2:30 p.m.**

The Treatment and Learning Center’s Katherine Thomas School arts and physical education departments will be holding its second annual one-week arts and athletics camp from August 9—13. The theme of the camp will be *“A Snow Storm in August.”* Students will spend five mornings immersed in intensive arts program highlighting visual arts, drama, music, and studio recording. The culminating performance of *“A Snow Storm in August”* will feature three scenes highlighting artistic representations of an unexpected blizzard. The many arts resources available at the Katherine Thomas School will be utilized, including a professional black box theater, digital recording studio, and Orff instruments. Students will have the option of performing, preparing props, and/or learning how to run the ‘behind the scenes’ aspects of the show. Each afternoon, students will participate in various indoor/outdoor group athletic activities.

A Performance of *“A Snow Storm in August”* will be held for family and friends on August 13. This is a full day program for students in grades K-12.

**The cost of the program is \$330.**

**This program is contingent upon sufficient enrollment.**

**For more information call 301-738-9691.**

**Please complete the registration form on the back of this flyer.**

## ONE-WEEK SUMMER ARTS & ATHLETICS CAMP

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F  
(Last) (First) (Nickname)

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number/Street) (City/State) (Zip)

Home Phone: \_\_\_\_\_ Work (Guardian 1): \_\_\_\_\_ Work (Guardian 2): \_\_\_\_\_

Cell Phone (Guardian 1): \_\_\_\_\_ Cell Phone (Guardian 2): \_\_\_\_\_

Emergency Name/Phone (1): \_\_\_\_\_

Emergency Name/Phone (2): \_\_\_\_\_

Physical and/or dietary restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications given during the day and/or at home: \_\_\_\_\_

Has child ever had a seizure? \_\_\_Yes \_\_\_No Explain: \_\_\_\_\_

Current school attending (if any): \_\_\_\_\_ Current Grade \_\_\_\_\_

Area(s) of special need: \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

### Please note the following procedures:

1. Your child's application will be reviewed and you will be notified of acceptance or the need for additional information and/or an interview.
2. Receipt of TLC's Summer Program registration will be considered with first come/first serve policy if your child is appropriate for the program.
3. A **non-refundable deposit of one-half the balance of \$330** is due with registration to reserve a space for your child. No refunds are given for any reason, including illness or vacation, after payment is made.
4. TLC reserves the right to cancel any program if there is insufficient enrollment.
5. All attendees need a health/immunization form from their doctor with the registration form.

**Visa, MasterCard, Discover & American Express accepted. Make checks payable to TLC.**

Credit Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code (3 digits on reverse side of card): \_\_\_\_\_

I authorize the balance and final payment to be charged to my credit card: (Signature) \_\_\_\_\_

### PARTICIPATION AUTHORIZATION

(Must be completed to register)

I hereby approve my child's (\_\_\_\_\_) participation in TLC's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Please Print Parent/Guardian Name) (Date)

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

TLC's Summer Programs assumes no liability for injury or damages arising from the result of participation in activities unless due to willful fault or gross negligence on the part of TLC's Summer Programs.

PLEASE MAIL COMPLETED REGISTRATION FORM TO:  
TLC's Summer Programs, Attn: Sylvia Valdivia, 9975 Medical Center Drive, Rockville, MD 20850