



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

New KTS Arts and Athletics One-Week Camp

“A Night at the Museum”

**A Full-Day Program for Students with Special Needs in Grades K-12
9 AM to 2:30 PM**

The Treatment and Learning Centers’ Katherine Thomas School arts and physical education departments will be holding a **one-week arts and athletics camp from August 10th through the 14th**. The theme of the camp will be “A Night at the Museum.” Students will spend five mornings immersed in intensive arts programming, highlighting visual arts, drama, music, and studio recording. The culminating performance of **“A Night at the Museum”** on August 14th for families and friends will feature three scenes highlighting Native American, French, and Chinese history. 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. Students will be broken into three groups, each with an average of ten students, based on age/grade.

**Pre-register your child by June 1 for the reduced rate of \$320
by filling out the registration form on the back of this flyer.**

After June 1, the fee will increase to \$350.

For more information call 301-738-9691.

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? _____

Enter 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 \$320 (\$350 after June 1)** 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