



## Saturday Program Offerings

October 3, 10, 17, 24, 31 November 7, 14, 21, 28 December 5, 2015

*Workshops will consist of approximately 10 sessions. Dates may vary slightly.*

### Parent/Child Workshops in the Arts for Children with Autism or Autistic Behaviors

Open to Young People Ages 3 to 21 and Their Family Members

**\$50 Registration Fee Includes All Participating Family Members**

Now in its 32<sup>nd</sup> year, the Parent/Child Workshops in the Arts for Children with Autism is a signature program of VSA New Jersey. Through participation in weekly workshops, young people will enhance their understanding and appreciation of the arts while developing skills essential for academic and personal growth. The family arts experience offers unique opportunities to engage children, siblings, and parents in enjoyable and enriching activities that will support communication and interaction in the workshop setting and at home.

Founded in 1978, VSA New Jersey promotes the creative power of people with disabilities through arts education, professional development, cultural access, and outreach programming. VSA New Jersey is a part VSA, a program of The John F. Kennedy Center for the Performing Arts.

Following is a list of schedules.

Classes will be assigned based on availability and age-appropriateness.

#### New Brunswick (Middlesex County): Elks BPOE Lodge

*Participants can register for Music and/or Art*

#### MUSIC/MOVEMENT SCHEDULE

SECTION 1	9:00 AM - 10:00 AM	SECTION 4	1:20 PM - 2:20 PM
SECTION 2	10:00 AM - 11:00 AM	SECTION 5	2:30 PM - 3:30 PM
SECTION 3	11:00 AM - 12:00 PM		

#### ART SCHEDULE

*Includes the Karen Hess Art Workshops*

SECTION 1	9:00 AM - 10:00 AM	SECTION 4	12:10 PM - 1:10 PM
SECTION 2	10:00 AM - 10:50 AM	SECTION 5	1:20 PM - 2:20 PM
SECTION 3	11:00 AM - 12:00 PM	SECTION 6	2:30 PM - 3:30 PM

Class assignments will be made prior to the first class the week before classes begin.

Notification will be made the week before classes begin ONLY to families who have been accepted in the program.

#### PARENT PARTICIPATION NOTE:

Parent or guardian must participate in all Parent/Child sessions.

Founded in 1978, VSA New Jersey is dedicated to promoting the creative power of people with disabilities. The organization is an affiliate of VSA, a program of The John F. Kennedy Center for the Performing Arts. Major funding for VSA New Jersey is provided in part by the Middlesex County Cultural and Heritage Commission, Middlesex County Board of Chosen Freeholders; New Jersey State Council on the Arts/Department of State (a Partner Agency of the National Endowment for the Arts and by funds from the National Endowment for the Arts); United Way of Central Jersey, and additional corporations, foundations, and individual donors.

The Kennedy Center  
**VSA**

2015  
 This program is provided under a  
 contract with the John F. Kennedy  
 Center for the Performing Arts



Families that are placed on the waiting list for these workshops will be entered in a lottery to possibly receive a placement for the next workshop series that will take place in the Spring of 2016. If your child has received a placement through this lottery system, you will receive a letter indicating this status by November 7<sup>th</sup>.

**Lottery system for families who are placed on the waiting list:**

VSA New Jersey 703 Jersey Avenue, New Brunswick, NJ 08901  
 (732) 745-3885 • (732) 745-3913 TTY • (732) 745-4524 Fax info@vsanj.org •  
[www.vsanj.org](http://www.vsanj.org)

**REGISTRATION FORM – SPRING 2015 SESSION - PARENT/CHILD WORKSHOPS**

Please complete and return to **by September 10, 2015**

**VSA New Jersey, 703 Jersey Avenue, New Brunswick, NJ 08901**  
(732) 745-3885, 745-5935, 745-3913 (TTY)

**\*PLEASE NOTE: FAXED APPLICATIONS WILL NOT BE ACCEPTED**

**LOCATION: ELKS BPOE LODGE, 40 Livingston Avenue, New Brunswick, NJ**  
**Note: Applications will be accepted after deadline date.**

**CONFIDENTIAL**

I, \_\_\_\_\_ would like to have my child participate in the arts program.

**Name of Parent/Guardian**

Home Address: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Please print

Child's Name: \_\_\_\_\_ Child's birthday: \_\_\_/\_\_\_/\_\_\_ Child's age as of Oct. 3, 2015: \_\_\_\_\_

**We are interested in participating in:  Music/Movement  Art**

Emergency contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family physician: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of school your child is attending: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Please specify medical conditions that would restrict or limit you and your child during physical or art activity:

For parent: \_\_\_\_\_

For child: \_\_\_\_\_

Child's medications: \_\_\_\_\_

Was your child previously enrolled in this program? YES  art  music  NO

If YES, Therapist's name: \_\_\_\_\_

If participating in the music program, please describe how your child relates to musical experiences:

Please indicate any special needs of your child and/or behavioral problems which he/she may exhibit:

If participating in the art program: Is your child allergic to or sensitive to art materials?  YES  NO  
If yes, please specify what materials and the child's reaction: \_\_\_\_\_

Is your child currently receiving music or art therapy?  music therapy  art therapy

If YES, Therapist's name: \_\_\_\_\_

Please describe your child's previous experience in music, dance or art: \_\_\_\_\_

What do you hope the program will accomplish for your child? \_\_\_\_\_

What do you hope the program will accomplish for you? \_\_\_\_\_

How did you hear about this project? mailing school newspaper other: \_\_\_\_\_

Will your child's sibling(s) be attending? (Siblings must be 3 years or older to attend)  YES  NO

If yes, Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Is your child verbal? YES NO Does your child make eye contact? YES NO  
Does your child interact with others? YES NO If yes, with or without prompting? WITH WITHOUT  
Does your child exhibit auditory or tactile anxiety? YES NO If yes, how? \_\_\_\_\_

Does your child sustain activities? YES NO  
Does your child have difficulty transitioning? YES NO  
Can your child follow one-step directions or two-step directions? ONE-STEP TWO-STEP NO

**HOUSEHOLD INCOME LEVEL**

The following information is optional and for statistical purposes only, however your confidential response will assist VSA New Jersey with meeting grant requirements.

**Household Income Level (please check one):**

\$10,000 and under: \_\_\_\_\_

\$10,000 - \$20,000: \_\_\_\_\_

\$20,000 - \$30,000: \_\_\_\_\_

\$30,000 - \$40,000: \_\_\_\_\_

\$40,000 - \$50,000: \_\_\_\_\_

Over \$50,000: \_\_\_\_\_

**MEDIA RELEASE**

I agree and consent that VSA New Jersey (VSA/NJ) may use any videotape, photograph or sound recording of my child, this applicant, taken during the Parent/Child Workshops in the Arts for Children with Autism on Saturdays, October 3 – December 5, 2015. This consent is given without limitations and with the knowledge that these might appear in the media or be used with VSA New Jersey funding or publicity.

Signature of Parent or Guardian: \_\_\_\_\_

**REGISTRATION FEE**

There will be a \$50.00 registration fee per music and/or art workshop series for which your child receives a placement.

1 series (music/movement or art): \$ 50.00

2 series (music/movement and art): \$100.00

Please **do not** send payment with this application. If your child is placed, you will receive a placement letter and payment request. Payment will be due prior to the first day of class. Tuition waivers will be available.

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Classes will be assigned by availability and age-appropriateness.

If your child is placed, you will receive notification by mail approximately 1 week prior to the first session.

**IMPORTANT!** Each session is scheduled according to the age of the participants. Since there is only 1 session for each age group per art form and per site, requests for changes in class times cannot be accommodated.

If your child cannot attend the session assigned, then we will give his/her placement to another participant on the waiting list.