



Classes

Winter 2017

January – March 2017



VISUAL JOURNALING / SCRAPBOOKING

visual journaling uses forms other than written to express and record one's feelings, hopes, dreams, opinions and reflections, through drawing, painting, collage, and photographs. using a mixed media approach to represent one's self.

MONDAYS 10:00AM - 12:00PM

JANUARY 16 - MARCH 27, 2017 * no classes February 21

10 week session - \$100

ABSTRACT PAINTING

Learn how to use formal patterns, shape structures, lines and colours. Break down objects into basic forms to create pure abstraction.

MONDAYS 1:00PM - 3:00PM

JANUARY 16 - MARCH 27, 2017 * no classes February 21

- OR -

THURSDAYS 1:00PM - 3:00PM

JANUARY 19 - MARCH 23, 2017

10 week session - \$100





Card MAKing

Explore various card-making techniques including: stamping, printing, painting, photo transferring and paper-cutting.

MONDAYS 1:30PM - 3:30PM
JANUARY 16 - MARCH 27, 2017 * no classes February 21

10 week session - \$100

SCULPTURE

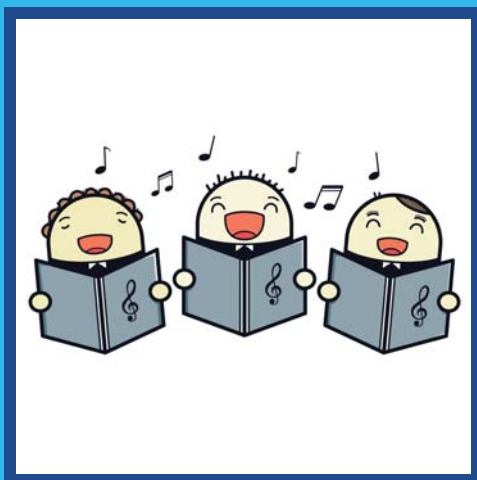
Explore forms through tactile manipulation of clay, plasticine and plaster using various sculpting techniques.

Tuesdays 1:00PM - 2:30PM
JANUARY 17 - MARCH 21, 2017

10 week session - \$145



Choir



Come join an organized group of singers to perform various musical numbers together. Music and its positive influence helps build self-empowerment in a non-judgemental and casual environment.

Thursdays 6:00 - 7:30PM
JANUARY 19 - MARCH 23, 2017

10 week session - \$120

Music Appreciation

Please come and join us for our music appreciation class to explore music instrument use, favourite songs, rhythm and movement.

Fridays 10:30 - 11:30AM
JANUARY 20 - MARCH 24, 2017

10 week session - \$50



Winter 2017



Contact us

4895 Dundas street west
Etobicoke, ON, M9A 1B2

(647) 351 4362
creativevillagestudio @ ctoronto.ca



Community
Living
Toronto



www.communitylivingtoronto.ca



United Way

For office use only:	Supplemental Information Form Completed	07-03-01A Publicity and Release Form Completed	Payment Made
	Attached <input type="checkbox"/> N/A <input type="checkbox"/>	Attached <input type="checkbox"/> Refused <input type="checkbox"/>	Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Visa M/C <input type="checkbox"/>



REGISTRATION FORM

Creative Village Studio

Please return the completed registration form along with payment (cheque, money order, credit, debit) **(Cheques and money orders payable to Community Living Toronto)** and completed Publicity and Release Form to:

By mail or in person:
Creative Village Studio
4895 Dundas Street West,
Toronto, ON M9A 1B2
647-351-4362

Participant's Full Name: _____

Date of Birth (m/d/y): _____

Street Address: _____

City: _____ Postal Code: _____

Full Name of Parent(s) / Guardian: _____

Full Address (if different from that of Participant): _____

Phone Numbers: Home: _____

Work: (mother): _____ (father): _____

Cell: (mother): _____ (father): _____

E-mail Address(es): _____

Emergency Contact:	Name:	Contact Number	Relationship to individual

Medical or Behavioural Alerts (More information to be provided on Supplemental information form for first registration or as conditions change.)

PLEASE ENSURE YOUR FAMILY MEMBER CARRIES EMERGENCY ID WHEN ATTENDING CLASS.

I / We give permission for my / our child / family member _____ to go on community excursions if necessary during their attendance at the above programs. I / We hereby absolve Community Living Toronto of any responsibility for any injuries that may occur on any outings. I / We give permission for my / our child / family member to be photographed for promotional purposes.

Parent/Guardian: _____ (print name & provide signature) Witness: _____ (print name & provide signature)

Date: _____ Date: _____



SUPPLEMENTAL INFORMATION FORM

Creative Village Studio

To be completed upon initial registration and as conditions change (attach to registration form) – This information is requested to help us to better support the individual registering for classes. Please complete as much as you feel comfortable sharing. This information will not be shared outside of Creative Village Studio.

By mail or in person:
Creative Village Studio
4895 Dundas Street West,
Toronto, ON M9A 1B2
647-351-4362

Individual's Full Name:			
Health Card Number:			
Alternate emergency contact: (Different name than one provided on registration)	Name:		
	Relationship:		
	Contact Number(s):		
Medical Considerations: (recent procedures, conditions, food allergies, medications effects, seizures, mental health, etc.)			
Behavioral Considerations: (does this person experience anxiety, high level of stress, or have any behaviours you feel we should be aware of? Are there any "triggers" – crowds, loud noise, etc. that should be avoided?)			
Support in challenging situations: (how can we best support the individual through a challenging situation?)			
Our class instructors are not able to assist with challenging behavior or complex medical needs and our Community Living Toronto staff support is limited. If this person has high behavioral or medical needs and requires a lower ratio of staffing (such as 1:1) we are able to provide this support as a fee for service option. Please contact us for further information.			
Name of Person completing form:		Date	



Where choices change the lives
of people with an intellectual disability

PUBLICITY AND RELEASE FORM

I hereby authorize my name, likeness, image, voice, interview, and performance to be used for the education, public relations and fundraising purposes of the Association. I also authorize pictures (photographs/videotape/film) of myself to be taken for these purposes.

I understand that some examples of such uses are: the Annual Report, Connections Newsletter, brochures, slide shows, videotapes, displays, posters or billboards, releases to newspapers, Community Living Toronto's Corporate or Connect**ABILITY** web sites, DVD production and television stations. My consent is for such purposes as the Association may consider appropriate, and is not limited to these examples.

Name: _____

Address: _____

Phone: _____ Email: _____

Location: _____

Signature

Date

Signature of Witness

Date

In the event that an individual is under 18 years of age or lacks the capacity to give consent or lacks the ability to understand the issue of consenting to publicity, consent of the parent or legal guardian or next of kin is required.

I hereby state that I am the parent or legal guardian or next of kin of the above-mentioned individual and give consent for this person to be involved in Community Living Toronto publicity as stated.

Signature of Parent/Legal Guardian/Next of Kin

Date

Signature of Witness

Date

March, 2013