

**ARTABILITIES PILOT PROGRAM**

**This 6 week inclusive series is an introduction to the Visual Arts at the Beckley Art Center. It is open to individuals with special needs, their parents, guardians and family members ages 8 and up.**

**Saturdays 1-3pm July 12 - Aug 16 2025**

**Limited Space Available- Pre-registration required**

**Classes Include:**

**7/12** Gelli prints **7/19** Full figure portraits

**7/26** Sculpture with clay **8/2** Collage and mixed media

**8/9** Painting acrylic **8/16** Stamped Flower Garden

**The Series will end with a gallery showing at the Beckley Art Center.**

All supplies and instructions are provided. Family members are welcome to participate for the established fee. The Beckley Art Center is a Waiver Approved Vendor and this program is eligible for product goods and services funding for your family member.

| Client | Guardian | 2 Additional | Each Additional |  |
| --- | --- | --- | --- | --- |
| $120 | $120 | $190 | $90 |  |

Guardian (Aide) no charge (1 Helper only not making art.)

Only 30 Spaces Available

Membership must be paid in full by July 12th

\*This is a NEW idea and will hopefully lead to more classes, opportunities and activities for the community and families on waiver including memberships and social events..

This is a Membership with at least 3 class(es) per month and 1 social event per session.



**REGISTRATION FORM**

**PROGRAM MEMBERSHIP**

**This is NOT a drop off program. All participants must have a parent or guardian on site at all times. Even if not actively assisting.**

**A waiting area will be available in the facility.**

**Please Print**

**Registrant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will their Parent/Guardian be participating in the class as well. Y N**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will there be other immediate family members joining the class?**

**If so, how many? \_\_\_\_\_\_\_Please include their names at the bottom of the form.**

**Do you need assistance in submitting paperwork to your Waiver representative to pay for the class from your PGDS Funding? Y N   
If so how can we contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment:**

We require $30. Non- Refundable Deposit to hold your seat(s) in the program.

With such limited space, we want to make sure that those who truly wish to be a part of the program get to participate.

If you plan on submitting for Waiver funding, you must contact your RC by 6/15 maybe like 06/15 and if you are denied funds, please notify the center immediately so that your slot can be released to another participant

| **Payment Form** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | How Many | Cost |  | Registration |
| **Registrant** |  |  | $120 |  |  |
|  |  |  |  |  |  |
| **1 additional Participant** |  |  | $120 |  |  |
|  |  |  |  |  |  |
| **2 additional participants** |  |  | $190 |  |  |
|  |  |  |  |  |  |
| **Each additional participant** |  |  | $90 |  |  |
|  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Deposit:** |  |  | $30 |  |  |
|  |  |  |  |  |  |

Please list Names and Ages of any Additional Participants:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_