

# ARTS CLAYTON ~ ARTVAN SCHEDULE REQUEST FORM

TODAY'S DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(requesting service)

EMAIL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL/ORGANIZATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

OTHER PHONE NUMBERS: \_\_\_\_\_

SCHOOL I.T.S. CONTACT: \_\_\_\_\_ (if applicable)

TYPE OF PROGRAM: \_\_\_\_\_  
i.e. Headstart, Pre-K, Elementary School, Middle School, After School, DFCS, Mental Health, Housing Authority, etc.

DATE AND TIMES REQUESTED FOR INITIAL VISIT:

First Day/Date Choice: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Alternate Day/Date Choice: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(All scheduling is based on availability and any subsequent dates or scheduling of regular visits will be coordinated with the ArtVan Program Director and will also be based on availability)

APPROXIMATE NUMBER OF INDIVIDUALS TO RECEIVE SERVICES: \_\_\_\_\_  
(note: there is a maximum limit of 20 persons per session - please allow extra time for additional sessions if necessary)

AGE RANGES OF INDIVIDUALS TO RECEIVE SERVICES: \_\_\_\_\_

CURRICULUM OBJECTIVES & FOCUS: \_\_\_\_\_

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i.e. General Reading; Comprehension; Vowels & Consonants; Sight Words; Interpret and Follow Directions, etc.

Please return this form by mail to:

Arts Clayton  
Linda Kirchner, Children's Program Director  
PO Box 669  
Jonesboro, GA 30237

Or Fax to: 770-473-7775  
For Assistance Call: 770-473-0848 ext. 25

This form is also available on-line at [www.artsclayton.org](http://www.artsclayton.org)