Woodland Elementary

After School Art Enrichment

Instructed by: Dr. Black
TUESDAYS After School 2:45-3:45pm
Offered for the following grade levels during these dates:

2nd & 3rd GRADERS – September 22th –November 3rd
4th – 5th GRADERS – January 26th – March 9th
K5-1st GRADERS – April 6th – May 18th
SEVEN 1 hour classes

Students will create one of a kind art projects using a variety of materials and processes to expand their knowledge of art and exposure to the art making process.

Price per student: $75.00

Space is limited ! All interested students and parents should fill out the following information sheet and submit to the ***front office***

Selections will be made by an outside committee who will conduct a lottery pulling of student names.

Woodland Elementary

Art Enrichment

Please return this form to the main office

CHILD/GUARDIAN INFORMATION

Child Name:_____ Grade:_____ Age:_____

Male/Female:_____ Homeroom Teacher:_____

Guardian Name(s): _____ _____

Phone # (w) (h) (c)_____(w) (h) (c)_____

Street Address: _____Apt#_____ City:_____

Zip:_____ Email: _____

The following persons are allowed to pick up my child in the event I cannot.

Contact 1: Phone #_____Name:_____

Contact 2: Phone # _____ Name:_____

Contact 3: Phone # _____ Name:_____

ALLERGIES:_____ NEED TO KNOW:_____

Purchased School Insurance

School insurance covers the activities of this program. To take advantage of this insurance, contact K&K Insurance Group at (260) 459-5885.

If parents do not wish to take advantage of this coverage, a parent or guardian waiver must be signed indicating this choice. Many people with adequate insurance policies do not require additional coverage.

My insurance company _____ covers my child beyond the school day.

Parent signature_____ Date_____

Waiver

_____ I do not wish to purchase student school insurance for my child.

Parent Signature _____ Date _____

(OVER)

How is your child going home at 3:45 each Tuesday after art enrichment?

___ I am picking up my child under the main carport at 3:45pm
___ My child will need to be taken to the EDP program
___ A daycare pick up has been arranged for my child at 3:45
Day care name_____ Phone_____

Parent /Guardian Signature

_____
Date _____