

# 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:

2<sup>nd</sup> & 3<sup>rd</sup> GRADERS – October 7<sup>th</sup> –November 18<sup>th</sup>

4<sup>th</sup> – 5<sup>th</sup> GRADERS – January 27<sup>th</sup> – March 10<sup>th</sup>

K5-1<sup>st</sup> GRADERS – April 7<sup>th</sup> – May 19<sup>th</sup>

**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 will your student go 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 \_\_\_\_\_