

**Ridgefield Community Education**

# Northwest Children's Art

An after school program that offers an introduction to basic art concepts specifically related to drawing. Your child will work with an assortment of professional mediums including oil pastel, chalk pastel, markers, watercolors and other mediums. Each week is a different project using different mediums, and the projects never repeat. This program is geared towards beginners, but all skill levels are welcome to participate!

You will be amazed at the quality of work that your child will accomplish!!

- Who: All students grades 1 - 6
- When: Wednesdays, Oct 5 - Nov 9th (6 weeks)
- Time: 2:45 - 3:45 PM (Bring a small snack)
- Where: Union Ridge Elementary / Art Room
- Fee: \$60 - All supplies included

***Class size is limited...Register today!!***

For more information, contact Terri @ 619.1303

## NW Children's Art Registration

**Mail registration and payment to:**

**Ridgefield Community Education, 510 Pioneer Street, Ridgefield WA 98642**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age \_\_\_\_ Entering Grade \_\_\_\_ School \_\_\_\_\_

Registering for: Session 1: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Parent/guardian names \_\_\_\_\_ Cell # \_\_\_\_\_ Alt # \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Parent permission:

\_\_\_\_\_ has my permission to participate in the Community Education Program. In an emergency I grant permission for emergency medical treatment to be administered to my child. I agree to pay all medical bills not covered by my insurance company listed below. I release Ridgefield School District from responsibility for any bills resulting from injuries incurred in this program. I have listed information regarding allergies and/or medical conditions about my child of which staff should be aware. Does your child have any allergies of medical conditions that staff should be aware of? YES NO

If yes, please explain \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone# \_\_\_\_\_