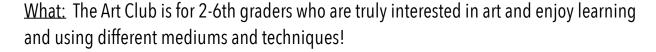
Little Cedars Art Club with Mrs. Taylor for Grades 2-6 Spring Session is starting soon!

When: After school -2:50-4:30

April 15 and 29th May 6 and 20 June 3

*Parents must make arrangements for pickup after club.

Where: Little Cedars Multipurpose room



We will have fun learning about and using a variety of mediums. Mediums may include: Clay, markers, gel pens, crayons, alcohol inks, oil pastels, pens, acrylics, watercolor, mixed mediums too! We plan to explore (and get a little messy) with a different medium each session! Mrs. Taylor will plan and facilitate the art club; she is an artist, parent and Guest Teacher here at Little Cedars.

Donation: \$45 supply fee per student

There isn't a fee for the class or the teacher!

If money is tight this spring, PLEASE take advantage of our <u>PTA scholarship fund!</u> The fund is available because we don't want kids to miss an opportunity to participate in PTA-sponsored clubs and activities!

If you'd like to receive a scholarship to pay for ART club, please email the PTA President (president@littlecedarspta.org) or Treasurer (treasurer@littlecedarspta.org) or students (or their families) can talk to the LCE Principal or Secretary. This is kept confidential and does NOT require disclosing your financial information to the PTA.

How do I sign Up for ART club?: To sign up, send in your complete registration packet and your supply fee, first come, first served! You can find the forms online on our PTA website. Limited copies are in the office.

Last year spots filled up very quickly! Write your check out to Little Cedars PTA

Deadline for sign ups is **March 25th**



*This is a PTA sponsored event



Little Cedars ART Club Registration Form



Please fill out forms completely and return to school with your check. Membership will be finalized and emails will go out to families before the first session.

Student Name:			
Teacher: G	rade:		
Parent Name:			
Parent Email:			
Parent Phone Number:			
Include \$45 <u>supply donation</u> with registration, make Scholarships are available to students through the In the event that the club is full: What would you like Return through kid mail or Destro	PTA.		
Pick-Up Contacts and Phone numbers (if other than	n parents):		
Students must be picked up at 4:30 in the multipurpose	room. Parent must sign child out.		
Student goes to YMCA After-School Care: yes	no		
Are there allergies, medical conditions, custody arrangements, or other information to be aware of? (Art Club volunteers do <u>not</u> have access to school records or student information.) Please include <u>all important information</u> (attach additional documentation if necessary).			
Art Club Needs volunteers !!! Are you available to	volunteer to help with ART club?		
Yes, I would like to volunteer to help with Art Cli I have a current volunteer packet on file with the			
Your name:			
I am available to help on the following date(s)			
April 15 April 29 May 6 May 20	D June 3		

Student Name: _____ Grade and Teacher Name: _____ Please provide your thoughtful answers about art. :) You may write on this paper or on a separate sheet of paper. Why do you want to be in the Little Cedars Art Club? Have you been a member of ART club here before? yes no If you were a member, what did you like best? (some activities may be the same or similar to last year). What do you like best about art? Do you spend much time making art? What do you like to make? What art materials do you like to work with the most? Although this is an after school club, it is held inside the school building, with help from the PTA. Club members are expected to follow school rules and exhibit appropriate behavior. Student signature:

Art Interest Questionnaire (to be completed by student)

Little Cedars PTA Parent/Guardian Consent Form ART Club~

Please sign and return with ArtClub Registration Forms and check.



I hereby give permission for (student's name)	_ to
participate in Art Club at Little Cedars Elementary School.	

I understand that if my child will not be participating in Art Club on a particular meeting day, it is my responsibility to let the office and my child's teacher know the correct afterschool arrangements for my student. I understand that in the event of injury or illness, every effort will be made to contact parents or guardians immediately. If it becomes necessary to obtain emergency care for my student, I authorize a PTA member to secure medical care as needed. I authorize a qualified physician or health care provider to examine the above named student and administer emergency care, and ensure proper care of any injury as deemed necessary.

I have read the information and understand the PTA will make every reasonable effort to provide a safe environment. I am fully aware of any risk inherent to participating in this type of activity.

Being fully aware of these risks, I hereby consent to my child participating in this activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify the Little Cedars PTA and its volunteers for any claims brought by the minor, or others due to the negligence of the minor. The PTA is not responsible for lost or stolen personal property, but will make every reasonable effort to keep them safe.

Parent Signature:		
Date:		
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