

Budding Artists

ART LESSONS

.....
AFTER SCHOOL AT KEDRON! ALL NEW PROJECTS!
.....

3rd 4th and 5th Grade Students

Budding Artists will explore a variety of 2D and 3D media including paints, printmaking, clay and sculpture, all connected to learning about artists, artistic styles and cultures!

Come see how fun art can be!

Spaces limited

Where: Kedron Elementary Art Room

When: Thursdays, September 15 - November 17, 2022

Chorus students can come directly from chorus

Time: 3:30 - 4:30 P.M.

Cost: \$125.00 includes supplies

I, _____ give my child permission to stay after school on their Budding Artist day. This serves as a change in transportation to stay after school. My child (Circle One) will be:

Car rider or ASP (must already be signed up)

at 4:30 on their assigned day

Parent Signature _____

Date _____

Student name: _____

Grade/Teacher: _____ / _____

Budding Artists

ART LESSONS

Registration Form – New Payment Policies!

All students must register via www.MySchoolBucks.com, no exceptions. Go to www.fayettecs.org, then scroll down to the MySchoolBucks.com link to register. Fill out this form and return to Ms. Kembel with My School Bucks confirmation number:

Confirmation #: _____

Artist's Name _____ Grade _____

Parent/Guardian Name: _____

Phone: Home _____ Work _____ Cell _____

Address _____

City _____ Zip _____

E-mail Address _____

Emergency Contact:

Name _____ Relationship _____

Phone _____

Waiver Form

The undersigned parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Education and all employees and members of the same, for any injuries or damages. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency, and I cannot be reached, I give the Community School authorities permission to seek immediate medical attention for my child.

Insurance Policy Name and Number _____

Parent Signature _____ Date _____