Students will have an opportunity to explore many different forms of art,

from watercolor to clay. Each week students will create a unique piece of art.

If you have any questions, please contact Mrs. Wysopal at 612-787-1107

or twysopal@stchbs.org

When: Wednesdays, February 7 - March 14

Time: 2:45-4pm

Where: St. Charles Art room B7

Who: Students in $K-2^{nd}$ grade (*Please note*: There is a 20 student limit. A second session will be opened

up for Thursdays if needed, and if there is enough interest to allow for two sessions.)

What to bring: an Art Shirt. Drinks will be provided. Students may bring a peanut-free snack if desired.

Cost: \$35.00 (checks made out to St. Charles School)

Please fill out the form below and return it to the St. Charles School Office by February 2, 2018

FAMILY INFORMATION	
Student/Participant	Grade (fall 2017)
Parent/Guardian Name	
Best Phone #s to Reach You During Club:	
I,, grant permission for r	
Parent or Guardian's Name	
to participate in the above named activity and I warra	
of my child's participation, I agree to indemnify the pa	
Paul/Minneapolis from any claims or law suits brough	•
Paul/Minneapolis by myself, my child or others, that a	-
	· · · · · · · · · · · · · · · · · · ·
event/activity described above. I also agree to pay rea	· · · · · · · · · · · · · · · · · · ·
the parish/school and Archdiocese in defense of such	a claim/law suit.
EMERGENCY MEDICAL TREATMENT	
In the event of an emergency, I give permission to tra	nsport my child to a hospital for emergency
medical treatment. I wish to be advised prior to any fo	
event of an emergency, if you are unable to reach me	•
Contact Relationshi	
As Parent or Guardian, I agree to all of the above sta	
, , ,	
SIGNATURE	DATE
I understand the conditions for art club and am willing	g to abide by these conditions.
Signature of Student	-
<u> </u>	

Please return this form and the \$35.00 fee to the school office by February 2, 2018.