

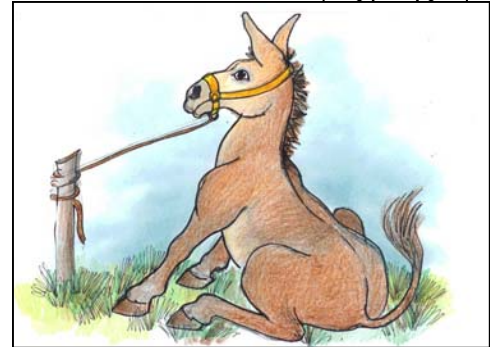
# Watch Me Draw!

*An Adventure in Drawing*

**Register for  
ONE OR BOTH  
3 WEEK  
SESSIONS!!!**

## **CARVER ELEMENTARY**

**Grades: K-5**  
**Day: WEDNESDAYS**  
**Dates: OCT. 7 - NOV. 1**  
**Time: 3:25 - 4:25 p.m.**  
**Fee: \$65.00 for 6 week session**



Be productive, creative and educated after school with Watch Me Draw!  
 You will learn actual drawing techniques and put them to practice as we draw  
**HOT NEW LESSONS** this fall! You will take home a finished masterpiece each week  
 while exploring a variety of styles, techniques and media. Frame it! Gift it! Love it!  
 Your own art created with the power tools of a traditional approach taught in a fun and  
 non-competitive manner. Watch Me Draw!  
 provides a progressive art-enriched experience designed to build solid drawing skills  
 and artistic confidence in each child.  
 Nothing to bring or buy; all supplies included.



Please return registration and payment to:  
**Elementary Enrichment 622 Education Center**  
**2520 E. 12th Ave.**  
**N. St. Paul, MN 55109**  
*Make checks payable to: District 622 Community Education*  
 Registrations must be sent to the Enrichment Office at the address above AND must be received  
 in the office a minimum of 3-5 days prior to the start of class for processing.  
*Registrations cannot be accepted at the schools.* Registration Hotline: 651-748-7430  
 (Visa/Master Card Only)  
 Fax: 651-748-7497  
 Questions: 651-748-7431 or 651-748-7432  
 Office Hours: Monday-Friday 7:30-4:30

## **CARVER WATCH ME DRAW! REGISTRATION**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Parent 1 Home # \_\_\_\_\_  
 Parent 1 Work # \_\_\_\_\_ Parent 1 Cell/Pager # \_\_\_\_\_  
 Parent 1 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Parent 2 Name \_\_\_\_\_ Parent 2 Home # \_\_\_\_\_  
 Parent 2 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Parent 2 Work # \_\_\_\_\_ Parent 2 Cell/Pager # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Health/Special Needs Info \_\_\_\_\_

My child is registered to attend Adventure Connection on these dates after school and should return there after class.  
 I do *not* want my child photographed (photos may be used in publications).  
**Refunds:** Request a refund one week before session begins. A \$5 processing fee will be deducted from your refund/credit.  
 NO refunds will be given after classes begin. Class Code: CV 120

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Total Amount Enclosed: \_\_\_\_\_  
 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ \_\_\_\_\_ Visa \_\_\_\_\_ MC

*Information on this form is confidential.*