

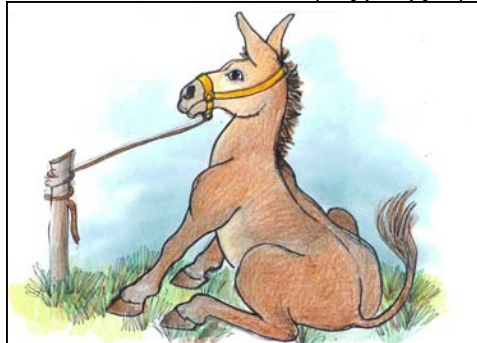
# Watch Me Draw!

*An Adventure in Drawing*

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

## **COWERN ELEMENTARY**

**Grades: K-5**  
**Day: WEDNESDAYS**  
**Dates: OCT. 7, 14 AND 21**  
**OR**  
**OCT. 28, NOV. 4 AND 11**  
**Time: 3:25 - 4:25 p.m.**  
**Fee: \$30.00 for 3 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: 651-748-7445

Office Hours: Monday-Friday 7:30-4:30

## **COWERN 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).

Session(s) you are registering for: \_\_\_\_\_ Oct. 7, 14 and 21 Class Code CW 120a  
(\$30 per session) \_\_\_\_\_ Oct. 28, Nov. 4 and 11 Class Code CW 120b

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

\_\_\_\_ Cash \_\_\_\_ Check # \_\_\_\_\_ \_\_\_\_ Visa \_\_\_\_ MC

**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.

**Information on this form is confidential.**