

ART JOURNALISM with Mrs. S.

(Kabilgangai Subramanian) Artist and Educator



Grades 3, 4, & 5



Students will be introduced to **Art Journalism**—which is a continuous process of expressing oneself both in visual and written ways. There will be planned lessons as well as time to allow students to work on their creativity. A variety of art supplies will be available for use in their art journal. Mrs. S. will provide one on one time encouraging the students and developing their creativity!

GRADES 3-5

**Thursdays, April 25, May 2, 9, 16, 23, 30, 2019
3:15-4:45 p.m.**

6 weeks

**Maximum: 10
Fee: \$99***

***Includes supplies**

SPACE IS LIMITED! Register quickly!

Mrs. S. is a passionate fine artist as well as an early childhood educator. Her artistic talents are used in drawing, painting, paper crafts, canvas painting, clay, and sewing. She enjoys traditional arts of South East Asia, Reverse glass paintings, Henna art, Tanjore painting, mandalas and more. Mrs. S. is excited to share her artistic skills with the HES community.

Class size is limited. Registration is on a first-come, first-served basis. If the class is full your check will be returned by mail. **Transportation will not be provided.**

Late pick-up may result in a \$1.00 per minute fee payable immediately to the instructor.

REFUND POLICY: No refunds will be issued. Check will be returned only if a class is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
978-456-418 jcavanaugh@psharvard.org



SPECTRUM REGISTRATION - ART Mrs. S.



Name _____ GR/Teacher _____

ALLERGIES _____

Phone (Best Contact) _____

Alternate Phone _____

Address _____

e-mail _____

PLEASE PRINT

Emergency Contact & Phone _____

(Other than parent, in case parent cannot be reached)

Make check payable to: Town of Harvard, 39 Mass. Ave., Harvard, MA 01451
*Non Residents (does not include School Choice) please add \$10 non-resident fee
Or pay online at www.psharvard.org Online Payment Center. If paying online, please forward your payment confirmation number to: jcavanaugh@psharvard.org

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I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the Refund Policy of Harvard Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE