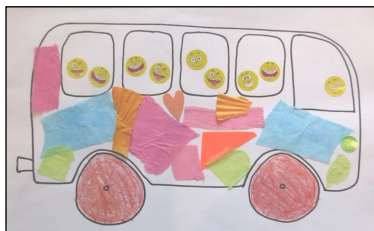


KidCreate Studio Parent/Child Art

Sing Along Art



Kids ages 1 1/2 to 5 and an adult, come and sing along with us as we create art inspired by your child's favorite songs.

We'll use glow-in-the-

dark paint to make our little stars twinkle, get those "Wheels on the Bus" rolling with paint, and make bright, sunny art as we sing "You Are My Sunshine". Register by January 5.

333601-B Fridays, January 12-February 2

9:30-10:30 a.m.

Crystal Community Center, 4800 Douglas Drive

\$64 per pair residents of New Hope, Crystal,
Golden Valley and Robbinsdale

\$71 per pair nonresidents

Valentine's Day Craft Party

Youth ages 1 1/2 to 5, along with an adult, join us for a Valentine's Day gift-making party! Let your young artist show their favorite Valentine how much they love them with a jumbo-sized Hershey's® Kiss made out of clay. Register by February 5.

333601-C Tuesday, February 13

9:30-10:30 a.m.

Brookview, 316 Brookview Parkway, Golden Valley

\$23 per pair residents of New Hope, Crystal,
Golden Valley and Robbinsdale

\$30 per pair nonresidents



facebook.com/newhoperecreation

Register with New Hope Parks & Recreation
4401 Xylon Avenue North
New Hope, MN 55428

Phone 763-531-5151

Online: webtrac.nhrecexpress.com

Refunds, program credits and transfers are allowed up to the printed deadline. In the event of an illness or injury, refunds may be given with a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card.

KidCreate Studio Parent/Child Art – Winter 2024

Name _____ Phone (s) _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Sex (M or F) _____ Parent/Guardian _____

Special Need _____ Email _____

Course # _____ Date(s) _____ Time _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the event to be used by the city in promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Zip Code _____