Jr Art Club (K-2) Application

Starting Date: Thursday, Nov 6 (8 weeks)
Time: 3:00 PM – 4:00 PM

Location: Art Room

Teacher Sponsor: Mrs. Cacchione

Kevanie.CountsCacchione@stjohns.k12.fl.us | 904-547-8440 ext. 20754

Student Information

- Student Name: _____
- Grade (K, 1, or 2): _____
- Classroom Teacher: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Phone Number: _____
- Email Address: _____

Payment Information

- **Cost: $60 (covers all art materials)**
- **Payment Methods:**
    - Online via School Pay
    - Cash
    - Check (Make checks payable to Otis A. Mason)

Behavior & Attendance Contract

I understand that by joining the Art Club, my child agrees to:

- Respect teachers, classmates, and materials
- Follow all instructions and participate fully
- Attend every session unless ill or excused in advance
- Be responsible for cleaning up after activities

I also agree to pick up my child promptly at 4:00 PM. If I am repeatedly late, my child will be sent to Extended Day, and I will be charged a $25 drop-in fee per occurrence.

Parent/Guardian Signature: _____
Date: _____

Additional Notes or Special Instructions