



📌 Online Form - Art Therapy Program

Activity Name:	Art Therapy Program
Date/Time:	<ul style="list-style-type: none"> • Monday 29 July 2024 10:10am - 11:10am (B2) • Monday 5 August 2024 11:40am - 12:40pm • Monday 12 August 2024 10:10am - 11:10am • Monday 19 August 2024 11:40am - 12:40pm • Monday 26 August 2024 10:10am - 11:10am • Monday 2 September 2024 11:40am - 12:40pm • Monday 9 September 2024 10:10am - 11:10am • Monday 16 September 2024 11:40am - 12:40pm • Monday 23 September 2024 10:10am - 11:10am
Description:	<p>Throughout Term 3, we will be offering the Year Art Therapy Group for a number of Year 7 students.</p> <p>The focus of the group is to support mental health within a positive and safe environment with other creative and likeminded students. Students will learn some new art techniques and the ability to express themselves in a visual way.</p> <p>Your young person has been invited to participate in the program for an hour lesson each week during Term 3, beginning on Monday 29 July. The program will be facilitated by myself, Janelle Wilkinson in the Art Room B2 at Henry Kendall High School.</p> <p>If you have any further questions, please contact me on (02) 43252110.</p>
Venue:	School
Dress Code:	Full School Uniform.
Educational Outcomes:	<p>Supporting mental health within a positive and safe environment with other creative and likeminded students.</p> <p>Students will learn some new art techniques and the ability to express themselves in a visual way.</p>
Due Date:	Tuesday 23 July 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Art Therapy Program. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

I give permission for my child to be recorded or photographed to promote the event on local and social media: *

Yes

No

Parent/Carer Signature: *