

Kiwanis Art Enrichment Internship Program

Parental Permission Form

Name of Student _____

Name of Parent or Guardian _____

Street _____

City _____ State _____ Zip Code _____

Phone Number (Daytime) _____ Phone Number (Evening) _____

Email address _____

I give permission for _____ to apply for an Internship in the Art Enrichment Program offered by the Kiwanis Club of Carefree. If my son or daughter is selected to receive an Internship in the program, the committee has my permission to use photos of him or her in future publicity for the program.

Transportation for my son or daughter to and from the Scottsdale Artists School will be provided by _____.

I pledge to support my son or daughter in carrying through on this opportunity.

Parent Signature

Date