

KidCreate Art Studio

Encanto



Youth ages 5-12 this is your chance to be part of the Family Madrigal! Join Mirabel, Isabella, Antonio and the rest of the Madrigals as we create magical projects inspired by the hit Disney movie Encanto. We'll use glitter, clay, paint and more as we create butterflies, magical bedroom doors, Colombian

rainforest creatures, and so much more. *Register by September 20.*

213600-C: Wednesdays, September 28 - October 19
6-7 p.m.

Location: Brookview, 316 Brookview Parkway,
Golden Valley

Fee: \$62 Residents of New Hope, Crystal,
Golden Valley and Robbinsdale
\$69 Nonresidents

Squishy Squishmallows



Bunnycorn, Prince the Pug, Mauve the Alpaca and more – the hardest thing about those squishy Squishmallows is deciding which one you love the most! Artists ages 5-10 will create a clay version of their favorite Squishmallow using air-dry clay, paint, and so much more. Bring your Squishmallow to class so they can join in the fun! Bring a drink and a nut free snack. *Register by November 10.*

213600-D: Saturday, November 19
1-4 p.m.

Location: Crystal Community Center,
4800 Douglas Drive

Fee: \$39 Residents of New Hope, Crystal,
Golden Valley and Robbinsdale
\$46 Nonresidents

Register with: New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428
763-531-5151

Refunds, program credits, or transfers are allowed up to the printed deadline. In the event of illness or injury, refunds may be given after the deadline. A doctor's written verification is required. 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.

Online Registration: webtrac.nhrecexpress.com



Facebook.com/newhoperecreation

KidCreate Art Classes - Fall 2022

Participant Name _____ Phone (h) _____ (c) _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Parent/Guardian _____

Does participant have a special need? _____ Email _____

Activity/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, coaches, 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 program to be used by the City for promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa _____ Exp Date _____ Security Code _____