**East Granby Parks & Recreation Presents**

**Spring 2025 ART-ventures:**

**Monsters and Mermaids Fantasy ART-ventures**

**Grades K-5 – After School**

Your child is registered for the **ART-Ventures:** **Monsters and Mermaids Fantasy ART-ventures** through East Granby Parks and Recreation. The class will run Thursdays: April 3 – May 15, 2025 (snow date May 22, 2025) from 2:50 – 4:30 pm. (Please note there are NO classes on April 17, 2025). All class will take place in the East Granby Community Center and pick up will be promptly at the front door of the Community Center (20 Center Street). Seymour students, who meet the grade requirement, will be bussed to Allgrove and will walk to the Community Center with the Allgrove Students.

Alicia Van Neil, Director, and/or staff of East Granby Parks and Recreation will meet the students at Allgrove Elementary School and walk with them to the Art room.

The permission slip below is required for your child to stay after school to participate in the program. Please return the signed permission slip to eastgranbyrecreation@gmail.com by March 24, 2025. Please call the East Granby Parks and Recreation Office with any questions: 860-653-7660.

-----------------------------------------------------------------------------------------------------------------

My Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Grade\_\_\_\_\_\_\_\_/

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has my permission to attend

Monsters and Mermaids Fantasy ART-venturesand be signed out from the Allgrove School office at the end of the school day, by Alicia Van Neil, Recreation Director, and/or staff of East Granby Parks and Recreation on the following Thursdays: 4/3, 4/10, 4/24, May 1, May 8, May 15, 2025 (snow date: May 22, 2025) and be walked over to the Community Center. Pick up will be held at the main entrance/Front door of the Community Center promptly at 4:30pm.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent Cell phone or # where you can be

reached during the program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

East Granby Parks and Recreation

79 North Main Street

East Granby, CT 06026

eastgranbyrecreation@gmail.com