

HIROMI TANGO ENRICHMENT PROGRAM

Healing Garden Illawarra Workshops

Year 3: Tuesday 3 May

Year 4: Tuesday 10 May

Year 5: Tuesday 31 May

Year 6: Tuesday 7 June

9:30am – 2:30pm

Free

- **TIME:**
 - 9:15am – Registration
 - 9:30am – Guided tour of current exhibitions
 - 10:10am – Morning Tea
 - 10:30am – Healing Garden flower workshops
 - 12:00pm - Lunch
 - 12:30pm – Poetry Workshops
 - 2:30pm - Finish
- **PLACE:** **Wollongong Art Gallery**
Corner Kembla and Burelli Streets Wollongong, 2500

Doors will open at 9:15am for registration with a start at 9:30am

Pick up time is at 2:30pm. We ask that parents and carers wait in the Gallery foyer for students to be escorted down at the end of the workshop.

Students must bring their recess, lunch & completed permission note.

No student is permitted to leave the premises during the workshop, recess or lunch.

All other equipment will be supplied.

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9:30am	Guided tour of current exhibitions
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10:30am	Healing Garden Flower workshops
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2:30pm	Finish

Join us for the Healing Garden Illawarra Enrichment Program, a full-day opportunity to engage with multidisciplinary artist Hiromi Tango's practice. Students will create various flower forms with colourful recycled materials in the morning, and then will delve into playful creative writing and poetry activities inspired by garden themes in the afternoon. We look forward to working with your students for a fun day of connecting, making, and sharing stories!

**WOLLONGONG ART GALLERY
WORKSHOPS
PAYMENT / PERMISSION / MEDICAL FORM**

Dear Parent / Guardian

Please complete the following permission form for the Enrichment Program workshop and **BRING IT ON THE DAY** for registration.

I give permission for (child name)

In year at school / college, to attend the education program / workshop at Wollongong Art Gallery on (date)

I understand that I am responsible for my child's transport arrangements to and from the venue.

I am also aware that I may be contacted to collect my child if they behave inappropriately.

I agree / disagree that my child may be photographed or filmed and their image may be used by newspapers and TV media to report on the day.

PARENT / GUARDIAN:

HOME ADDRESS:

CONTACT PHONE:

MEDICAL/FURTHER INFORMATION:

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SIGNATURE: DATE: