Children's Art Program

Associates of AmeriHealth Caritas Pennsylvania invite member children to take part in a very exciting program! All member children in grades pre-K through 8 are asked to submit original works of art showing this year's theme: What do you, your friends, and your family do to stay active and healthy?

Associates of AmeriHealth Caritas Pennsylvania will select the winners. Prizes include a gift card.

To enter a drawing in the Children's Art Program, the child must:

- Be an AmeriHealth Caritas Pennsylvania member in grades pre-K through 8.
- Draw only on plain white paper (no lines) sized 8½ by 11 inches.

You or your child must:

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- ☐ Draw the picture (must be an original work of art by your child).
- ☐ Write the child's first name on the back of the drawing.
- □ Send the entry form and drawing in a large envelope, so you don't bend or fold the drawing, by July 5, 2024.
- ☐ Send the entry form and drawing to: Children's Art Program

AmeriHealth Caritas Pennsylvania 8040 Carlson Road, Suite 500

Harrisburg, PA 17112

The deadline to apply is July 5, 2024. Enter today!

To see last year's prize-winning artwork, visit www.amerihealthcaritaspa.com.



www.amerihealthcaritaspa.com



Entry form for AmeriHealth Caritas Pennsylvania Children's Art Program

(You may copy this form to use for additional member children in your household who are eligible to enter.)

Child's information

First name	Middle initial	Last name
Street address		
City	State	ZIP code
Phone number (including area code)	Member ID number	Email address
Child's grade in school		
	• •	th Caritas Pennsylvania to print, display, and post hannels my child's name and artwork as part of
Parent or guardian's signature		Date

Additional entry forms can be found on our website at www.amerihealthcaritaspa.com.

Please return this form with the drawing by July 5, 2024.

Parent or guardian's printed name and relationship

AmeriHealth Caritas Pennsylvania complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-991-7200** (**TTY 1-888-987-5704**).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-991-7200** (TTY **1-888-987-5704**).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-991-7200** (телетайп **1-888-987-5704**).

For the full nondiscrimination notice, go to www.amerihealthcaritaspa.com.

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