



## 4<sup>th</sup> Annual Art Contest!

**Who:** The Office of Child Abuse Prevention & The Child Abuse Prevention Center present the 4<sup>th</sup> Annual Child Abuse Prevention Month: **Kids' Art Contest**. The Contest is open to children and youth in the following categories: K-2<sup>nd</sup>, 3<sup>rd</sup>-6<sup>th</sup>, 7<sup>th</sup>-8<sup>th</sup> and 9<sup>th</sup>-12<sup>th</sup>.

**What:** In celebration of children and families during Child Abuse Prevention Month, we're inviting kids to show us their creativity with our Kids' Art Contest! We would like to know what "My favorite way to show love" means to you.

**Where:** Artwork must be mailed or delivered by the deadline to:

FCSS- Kids' Art Contest Office of Child Abuse Prevention  
744 P Street, MS  
8-11-544 Sacramento, CA 95814

**When:** The deadline for entries is **April 11, 2022**. Each entry must have a release form signed by the child's parent or guardian (*release form is on the back of this flyer*) and include complete and current contact information. Winners will be selected by the Child Abuse Prevention Center and the Office of Child Abuse Prevention. *Honorable Mentions will be presented to the artists whose submissions are particularly notable.*

Winners will be notified via email on April 18, 2022.



Email [kidsday@dss.ca.gov](mailto:kidsday@dss.ca.gov) for more information.



Winners will be awarded in each of the four categories and will:

- Have his or her artwork displayed at the *Virtual Parent Leadership Awards Ceremony*.
- Receive a framed copy of his or her artwork.

## Art Work Release Form

I authorize the Office of Child Abuse Prevention of the California Department of Social Services & the Child Abuse Prevention Center to use, free of charge and without limitation, to publish for use in program material or exhibit, my child's art work submitted to the Kids' Art Contest.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

School or Site: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School or Site Telephone: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Name of Parent of Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent of Guardian: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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