

Children's Art Program

Associates of Keystone First 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 Keystone First will select the winners. Prizes include a gift card.

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

- Be a Keystone First 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:

- Complete the entry form below.
- 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
Keystone First
200 Stevens Drive
Philadelphia, PA 19113

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

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



Entry form for Keystone First 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		

Parent or guardian permission: I give my permission for Keystone First to print, display, and post to the Keystone First website and social media channels my child's name and artwork as part of the Children's Art Program (CAP).

Parent or guardian's signature _____ Date _____

Parent or guardian's printed name and relationship _____

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

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

Keystone First 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 1-800-521-6860 (TTY 1-800-684-5505).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-521-6860 (TTY 1-800-684-5505).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-521-6860 (телетайп 1-800-684-5505).

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

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

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Keystone First

www.keystonefirstpa.com