Welcome to the Memorial Art Gallery’s all-day art camp! This is our 15th year of offering Art Day School, a fun and high-quality art education program for children 7–13. At Art Day School, kids can get messy and be creative. Each day or week has an overall theme with two related classes and a variety of projects. Our classes are held in a studio setting where talented artist instructors challenge, instruct and provide positive feedback—allowing your child to develop as an artist. Children are closely supervised and enjoy a lunch/recreation break and two snack/stretch breaks each day.

Art Day School provides kids with the teachers, materials, time and the inspiration they need to create artwork that they are proud to show. And with six hours of instruction per day, a fully-stocked supply closet and the resources of an outstanding art museum, the artwork is always impressive.

WHEN DOES IT RUN?
week-long sessions starting June 24, July 8, July 15, July 22, July 29, August 5, August 12, August 19 and August 26

8:30–9 am: early drop off  
9 am–noon: first art class  
noon–1:30 pm: lunch and supervised recreation break  
1:30–4:30 pm: second art class  
4:30–5 pm: pick up

WHAT DOES IT COST?
$245 per week (members $220)

WHEN CAN I REGISTER?
Registration is currently open for all sessions..

TURN THE PAGE FOR FREQUENTLY ASKED QUESTIONS!
FAQs

How are classes divided?
When you register we assign your child to one of two groups based on age and class dynamics. In most cases, the junior group is ages 7–9 and the senior group 10–13. Each group enjoys a morning class with one of the day’s two teachers and an afternoon class with the other.

Can I sign up my child for morning/afternoon only, or for individual days during the summer?
No, Art Day School is by the full week in the summer because each day consists of interrelated classes with a common theme, and each session’s projects take the full week to complete. In summer, however, we do offer some morning and afternoon classes for kids in two-week sessions; see our Spring-Summer brochure (available at mag.rochester.edu/creativeworkshop).

When does the day begin and end?
Instruction begins at 9 am and ends at 4:30 pm, but you may drop off your child as early as 8:30 am and pick up as late as 5 pm. There is no extra charge for this supervised precare/aftercare.

Can I sign up my child who will not yet be seven…but is an “exceptional” six-year-old?
We’re sorry, but we cannot accommodate six-year-olds in the Art Day School program. Please see our Spring/Summer brochure for half-day options for children under seven.

What do kids do during breaks?
Twice each day (morning and afternoon), children are given breaks to walk, stretch, relax and enjoy a snack brought from home. During the supervised recreation break (before the afternoon class), children may choose to relax and read or draw or be actively involved in games or other physical activities (indoor or outdoor, depending on the weather).
Again this summer, we may take some walking field trips during our breaks to explore public art in the Neighborhood of the Arts.

Do you provide lunch?
No, students should bring a lunch and a drink (in a non-glass container, please) from home. No refrigeration is provided.

Do you provide snack?
No, students should bring two snacks from home. During breaks, they will get water and a chance to stretch or walk but will only eat a snack if you send it from home. We recommend that snacks be packed separately from lunches, so that your child is not tempted to eat lunch at snack time.

Will I receive a registration confirmation?
When you register your child you will receive a confirmation/receipt with tax ID # via email or US mail.
WEEK 1  June 24–28
CREATURE FEATURE
Expect the unexpected in this creative week of drawing and sculpting mythical creatures and monsters.
[taught by Rose Van Tyne & Warren Mianecke]
JR 53020   SR 53021

WEEK 2  July 8–12
MASTERPIECES, MAGsterpieces & MY ART
We’ll make a lot of drawings, paintings and even small sculptures inspired by art and artists we see in the Gallery.
[taught by Danielle Zatkowsky & Sarah Guarnera]
JR 53022   SR 53023

WEEK 3  July 15–19
PEOPLE, PORTRAITS & PERSONALITIES
Make art using your own image and make art that decorates you.
[taught by Danielle Zatkowsky & Lisa Myers]
JR 53024   SR 53025

WEEK 4  July 22–26
STUFFED SILLY: ART ABOUT FOOD
Are you always hungry? Imagine a week in which you learn nutritious ways to make mouth-watering art about food.
[taught by Amy J. Fisher & Lisa Myers]
JR 53026   SR 53027

WEEK 5  July 29–August 2
AAAARRRT! PIRATES, PRINCESSES & PAINTING
This adventurous week includes lots of creative painting projects featuring your own pirates, princesses and even potatoes.
[taught by Amy J. Fisher & Laura Sidebotham]
JR 53028   SR 53029

WEEK 6  August 5–9
PUPPETS & STORIES
Create a story pot and a puppet. Make art that tells stories and tell stories about your art!
[taught by Mimi Smith & Eddie Davis III]
JR 53030   SR 53031

WEEK 7  August 12–16
ART & PHOTO
Half of the day, you’ll explore drawing and painting and half of the day digital photography as you learn to think like an artist and photographer, record the world around you and capture what you see.
[taught by Shelly Patterson & Roxana Aparacio Wolf]
JR 53032   SR 53033

WEEK 8  August 19–23
DESIGN, DRAW & DISTRIBUTE!
This super creative week lets you self-publish your mini-comics or zines while you also design a better world (or maybe just a better thingermajob).
[taught by Laura Sidebotham & Eddie Davis III]
JR 53034   SR 53035

WEEK 9  August 26–30
MAGIC & MANGA
Learn to draw cartoons and people in the style of Japanese cartoons or manga. Create images and artwork inspired by the magical and mysterious.
[taught by Warren Mianecke & Lisa Myers]
JR 53036   SR 53037
CREATIVE WORKSHOP ART DAY SCHOOL  

NAME OF CHILD ________________________

PERMISSIONS

Please return completed forms (all three pages) to the Creative Workshop office with payment to register a student for Art Day School. Forms can be accepted in person, through the mail or by fax. If faxed, please provide the original registration form by the start of the class.

Creative Workshop, Memorial Art Gallery, 500 University Avenue, Rochester, NY 14607
Phone 585.276.8959    Fax 585.276.8960

Please let us know if you would like a receipt with a tax ID number.

Parents please note: If you are enrolling more than one child, and the information on pages 5 and 6 is identical, you do not need to fill out those pages more than once. You do, however, need to fill out page 7 (the registration form) for each child.

PERMISSIONS

1. Statement of Risk and Liability, Certificate of Health Emergency Waiver (required)

In consideration for allowing _________________________________ to participate in this Creative Workshop program I, as his/her parent/guardian represent and affirm to the University of Rochester that:

1. I understand that participating in any activity involves a risk of injury or harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the Program.
3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating in the Program.
4. In the event of the Program’s inability to locate me, or the emergency contact designee, I give permission to the Program Authorities to take such emergency measures, as they deem appropriate until such time as emergency contact designee or myself can be contacted.
5. I will not hold the University, its employees, and agents responsible for any injury or other harm that results from Program participation.

2. Publicity

This includes class photos and videos for our website and Creative Workshop related events. Students participating in various sessions may have opportunities to speak about their experiences in the program to the media during classes and presentations.

☐ I, the undersigned, give permission for the use of any photos, movies, audio, or video tapings of my child’s activities or art work in Creative Workshop publications. The material so obtained may be used for educational purposes or for publicity benefiting education.

☐ I do not give permission for images of my child or my child’s artwork to be used for publicity as outlined above.

3. Field Trips

☐ I give my child permission to leave the Memorial Art Gallery grounds with his/her teacher and classmates within walking distance.

☐ I do not give permission for my child to leave the Memorial Art Gallery grounds for field trips as outlined above.

By signing below, I acknowledge that I have read and understood the above terms.

Signature:______________________________________________ Date: _____ / ____ / _____
IMPORTANT HEALTH AND SAFETY INFORMATION

Please provide daytime phone numbers below where we may reach you promptly in case of accident or illness requiring attention. **In the event of an emergency we may call 911 at the same time we call the numbers below or if we cannot reach you.**

Legal guardian: __________________________ phone ____________ cell phone: ________________

Other adult: ______________________________ phone ____________ cell phone: ________________

Your child’s physician: ____________________ Physician’s phone: ( ) ____________________

**Note:** MAG does not employ trained medical personnel. Gallery security staff, who work in a building adjacent to the Creative Workshop, do have basic CPR training. Although we will assist in helping your child take prescribed oral medication, we are limited in our ability to attend to varying individual health needs. If your child has specific health needs while at Art Day School, we urge you to communicate with our staff at the time of registration. Please share any information that will help us take care of your child by carefully answering the following questions:

Is your child allergic to nuts or bees?  ☐ No  ☐ Yes

Is your child asthmatic, with an inhaler he/she can use?  ☐ No  ☐ Yes

Will your child be taking medication while at the Workshop?  ☐ No  ☐ Yes

If you answered yes to any of the questions above, please provide a recommended course of action:

____________________________________________________________________________________________

____________________________________________________________________________________________

Is there anything else we should know that will help your child be successful in this all-day program? Our goal is a joyful and educational experience. Any notes are kept in confidence between the program coordinator and Creative Workshop staff.

____________________________________________________________________________________________

____________________________________________________________________________________________

PICKUP AND DROP OFF INFORMATION

Your child’s safety is of paramount importance to us. Please escort your child into the Workshop in the morning and sign him/her in. At the end of the day, please come in and sign him/her out. If you want any other person, including a spouse, to have permission to pick up your child, please list them below. **Anyone picking up a child may be asked to show photo ID.**

Name: __________________________________________ phone ____________ relationship to child ____________

Name: __________________________________________ phone ____________ relationship ___________________

REFUND POLICY

Withdraw by thirty days before the start of the Art Day School Class: 90%

Withdraw by the Monday of the week prior to the class: 50%

Withdraw after the Friday before the class starts: no refund

If your child misses a day, we cannot offer a refund.

Please note: Behavior problems deemed sufficiently disruptive will result in a child’s removal from the program. No refunds are made in these cases.

Signature: ___________________________________________________________________________ Date: _____ / ____ / _____
**ART DAY SCHOOL SESSION / COURSE CODE** (Please circle all weeks desired).

<table>
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<tr>
<th>Session</th>
<th>Dates</th>
<th>Code 1</th>
<th>Code 2</th>
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<td>summer WK 1</td>
<td>June 24–28</td>
<td>JR 53020</td>
<td>SR 53021</td>
<td>$245 per week</td>
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<td>summer WK 2</td>
<td>July 8–12</td>
<td>JR 53022</td>
<td>SR 53023</td>
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<td>summer WK 3</td>
<td>July 15–19</td>
<td>JR 53024</td>
<td>SR 53025</td>
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<td>summer WK 4</td>
<td>July 22–26</td>
<td>JR 53026</td>
<td>SR 53027</td>
<td>(members $220)</td>
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<td>summer WK 5</td>
<td>July 29–August 2</td>
<td>JR 53028</td>
<td>SR 53029</td>
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<td>summer WK 6</td>
<td>August 5–9</td>
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<td>summer WK 7</td>
<td>August 12–16</td>
<td>JR 53032</td>
<td>SR 53033</td>
<td><strong>FULL!</strong></td>
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<tr>
<td>summer WK 8</td>
<td>August 19–23</td>
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<td>summer WK 9</td>
<td>August 26–30</td>
<td>JR 53036</td>
<td>SR 53037</td>
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**ADULT'S NAME** ________________________________________________________

**Relationship** ________________________________________________________

**ADDRESS** ____________________________________________________________

**Zip** __________

**TELEPHONE** (day) ____________________(cell/home) ______________________

**email** ______________________________________________________________

**GALLERY MEMBER?** Yes ___ No ___ (If yes) member # _______________________

**Wish to become a member?** Yes ___ No ___ (Family/Dual $70; other levels available)

To learn about member benefits, visit mag.rochester.edu/join.

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**METHOD OF PAYMENT**

☐ Enclosed is my check payable to the Memorial Art Gallery. Amount paid: $ _______________________

☐ Please call me at _______________________ to get my credit card information. I understand a spot will not be reserved until full payment is received.

☐ I am paying cash. (PLEASE DO NOT MAIL.) Amount paid: $ _______________________

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**OFFICE USE ONLY**

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<th>Course fee</th>
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<th>Membership</th>
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<th>Cash</th>
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**Date refunded/store credit** ______________________

**Amount $ __________________**

**Initials** ____________________

**Rpro #** ______________________

**Confirm** _____________________

**Date** ______________________

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**CREATIVE WORKSHOP**

**ART DAY SCHOOL REGISTRATION**

**REGISTRATION FORM** Registration constitutes acceptance of program and refund policy (previous page).

Child’s name ____________________________________________ Birthdate & age ______________________

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**PLEASE SIGN HERE TO ACKNOWLEDGE THAT YOU HAVE READ THE INFORMATION ABOVE.**

**ADULT'S NAME** ________________________________________________________ **Date** __________