Our spring break Art Day School offers exciting projects, high-quality instructors and the integration of MAG exhibits into the program. Children are closely supervised and given two snacks daily. Art Day School provides the teachers, materials, time and the inspiration kids need to create art. Each day at Art Day School we’ll explore different painting, drawing, fiber and sculptural materials. Each project will be finished the day it is started. Sign up for one day, or as many as you like.

ART DAY SCHOOL CREATIVITY CAMP
All students will have both classes, one in the morning and one in the afternoon.

Monday April 14: Scratch the Surface with Warren Mianecke and create Spring Mobiles with Lisa Myers. Make bold and imaginative scratchboard drawings, and elaborate animal and insect hanging sculptures.

Tuesday April 15: Create Colorful Frogs with Lisa Myers as you make big bold oil pastel paintings, and make fabulous One-Day Comics with McNevin Hayes.

Wednesday April 16: In Boxes and Baskets with Mimi Smith and Dot Dot Dot with Lisa Myers, you’ll make origami boxes and two different kinds of baskets and learn to use a pointillism technique to paint springtime subjects inspired by the American Impressionism show.

Thursday April 17: In Sketchbook Hunters with McNevin Hayes, you’ll make a simple book and then use it to draw exciting things you see or imagine. Jessica Furber will keep you Painting Fantastic Ideas.

Friday April 18: Make bright, shiny artwork inspired by ancient civilizations with Warren Mianecke in Silver and Gold and simple creative puppets with Susan Link in Puppet Express.
CREATIVE WORKSHOP ART DAY SCHOOL REGISTRATION FORM PART 1

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

Creative Workshop, Memorial Art Gallery, 500 University Ave, 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 and we will happily provide it.

The Creative Workshop pays approximately $10,000 a year in credit card fees. If you can pay with a check we would appreciate it. The savings will benefit the Memorial Art Gallery.

Please note: Art Day School will also be offered for summer 2008 (one week classes beginning June 30). For more information visit mag.rochester.edu or call 585-276-8959.

ART DAY SCHOOL CREATIVITY CAMP REGISTRATION FORM

REGISTRATION CONSTITUTES ACCEPTANCE OF PROGRAM AND REFUND POLICY

Name ___________________________________________ Birthdate & age (child) __________________________

ARTDAY SCHOOL (Please circle all week or days desired).

All week       Monday 4/14      Tuesday 4/15      Wednesday 4/16         Thursday 4/17            Friday 4/18

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 $65; other levels available)

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

ADULT’S NAME ___________________________________________________________ Date ________________

METHOD OF PAYMENT

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

☐ Please invoice my Visa/MC/Discover # ___________________________________________________________

Exp.date ______________ Cardholder’s name __________________________ Amount paid: $ __________________

☐ I am paying cash. (PLEASE DO NOT MAIL.) Amount paid: __________________________
CREATIVE WORKSHOP ART DAY SCHOOL REGISTRATION FORM PART 2

Your child’s safety is of paramount importance to us. We ask that you 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.

Name: ___________________________________ phone ___________ relationship to child ___________

Name________________________________________ phone ___________ relationship _______________________

Name________________________________________ phone ___________ relationship _______________________

In case of accident or illness requiring attention we will try to contact you, however, we also need the following information.

Child’s physician_________________________ Phone ________________________________

Insurance Plan____________________________ Policy Number __________________________

Subscriber Name_________________________ Hospital Preference________________________

Please share any information that will help us take care of your child. For example, does your child have any food or insect allergies? Is there anything else we should know that will help your child be successful in this all-day program? Our goal is for your child to have a joyful and educational experience. Any notes are kept in confidence between program manager and classroom teachers.

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

If yes, please read and sign the medical waiver in the box below.

Medication Waiver: My child, _______________________________________, needs ____________________________ (medication) administered at ___________ o’clock each day. I acknowledge that the Memorial Art Gallery is administering this medication in order to accommodate my child’s medical condition and solely as a result of my request. Further, I understand that the administration will not be performed by trained medical personnel and I assume any and all risks whatsoever.

*Parent’s Signature: _____________________________________________________________

*Parent’s Name: _______________________________________________________________