SPRING BREAK
ART DAY SCHOOL
APRIL 20–24, 2009
MEMORIAL ART GALLERY
585-276-8959 mag.rochester.edu

Spring Art Day School for ages 7–13 is a fun full-day program that offers exciting projects, high quality instructors and frequent visits to the exhibition galleries. Day School projects are specially brewed by our teaching artists to help kids use their own creativity. We pack variety and magic into the program so that it never feels “boring.” Kids meet other creative kids, giggle while they paint, draw bigger and more exciting things than ever before, and experience the museum in a new way.

WHAT’S NEW THIS TIME AROUND?
Gallery Connections: Each day, we’ll find inspiration in artwork on view in the Gallery. Students will explore how things are made—and why things are made—as we expand the realm of what is possible in making art. (See the next page for complete course descriptions.)

Snack Options: All students enjoy nutritious, kid-friendly morning and afternoon snacks. If you wish to pack snacks for your child, you may do so. Otherwise, we’ll provide them at a cost of $5 a day.

DAY SCHOOL FAQs
How are classes divided? When you register we assign your child to one of two groups divided by age. Each group enjoys a morning class with one of the day’s teachers and an afternoon class with the other.

Can I sign up my child for morning or afternoon only? No, because each day has a theme, with fun projects that take the full day to complete.

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 and pick up as late as 5:30. There is no extra charge for this supervised precare/aftercare. (See box at left for complete schedule.)

What do kids do during breaks? Twice each day (morning and afternoon), children enjoy a snack, either brought from home or purchased at MAG (see “Snack Options,” above). During the supervised recreation break (before the afternoon class), children may choose quiet time or physical activity (indoor or outdoor, depending on the weather).

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.

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.
SPRING ART DAY SCHOOL 2009: WHAT WE’LL DO THIS WEEK AND WHY...

Monday, April 20: Colorama
with teachers Abby Lammers and Mimi Smith
(course code: JR 31300 / SR 31301)

Consider color! Be bright and bold and with two fun-filled classes. In the fibers studio, you’ll learn to tie-dye and learn how cherry, lemon-lime and grape Kool-Aid can be used to make beautiful red, yellow, green and purple dye. In the painting studio, you’ll make watercolors that explore how color works.

Tuesday, April 21: Mummies and More
with teachers Lisa Myers and Susan Link
(course code: JR 31302 / SR 31303)

Draw like an Egyptian! Learn about the Egyptian counter pose, create your own royal portrait and write your name in hieroglyphs. This class includes trips to MAG’s permanent collection and the Gill Discovery Center (located within the Gallery)

Wednesday, April 22: Sculpture Focus
with teachers Nancy Valle and Cody Kroll
(course code: JR 31304 / SR 31305)

On this day you’ll make sculpture out of paper or clay. One class, in the clay studio, will draw inspiration from the cool new GlassWear show (on view in the Gallery). You’ll start with an idea, create a form, and then make those forms into sculptures. Your other class will change the way you think of paper—you’ll make whimsical wall sculptures or structures of your own design.

Thursday, April 23: New Fun with Ancient Worlds
with teachers Lisa Myers and McNevin Hayes
(course code: JR 31306 / SR 31307)

Enjoy both a mosaic-based project inspired by art from the collection and a drawing project that considers how paintings tell stories. Learn a little bit about Greek mythology and visit ancient lands (while staying right here in Rochester) as you imagine your own heroes, monsters and worlds.

Friday, April 24: Breathing in the Plain Air
with teachers Abby Lammers and Lisa Myers
(course code: JR 31308 / SR 31309)

Get inspired by the outdoors and create anything from sparkling blue oceans to vast green fields. Try your hand at sketching in color with brush markers (watercolor brushes) around the Gallery grounds and making your own oil pastel landscapes based on works in the collection.

PICTURED (FROM TOP): Creative Workshop student artwork in progress. The inner coffin of Pa-debehu-Aset, an Egyptian official of the 4th century BCE, is on view in the Gill Discovery Center. Five Rings from Halo Series (2002) is by GlassWear artist Monica Backström (collection of Kosta Boda). Head of Tethys, a 3rd-century Roman mosaic, was made in Antioch, Syria. Landscape by Creative Workshop student Dana, age 6.
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.

Please note: Art Day School will also be offered in week-long classes in summer 2009 (eight one-week sessions, with the first session beginning June 29). Spring registration is now underway; summer registration starts March 2. For more information call 585-276-8959.

COST:  $250 (members $225) per week or $60 (members $50) per day with snack
$225 (members $200) per week or $55 (members $45) per day without snack
Full payment due with registration.

ART DAY SCHOOL REGISTRATION FORM

REGISTRATION CONSTITUTES ACCEPTANCE OF PROGRAM AND REFUND POLICY

Name ___________________________ Birthdate & age (child) ________________

ART DAY SCHOOL SESSION / COURSE CODE (Please circle all week or days desired).

JUNIOR (AGE 7–9)
All week 31296  Mon 4/20 31300  Tues 4/21 31302  Wed 4/22 31304  Thu 4/23 31306  Fri 4/24 31308

SENIOR (AGE 10–13)
All week 31297  Mon 4/20 31301  Tues 4/21 31303  Wed 4/22 31305  Thu 4/23 31307  Fri 4/24 31309

☐ Please provide snacks for my child.  ☐ I will be sending snacks from home.

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: $________________________

☐ 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: $________________________
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: _______________________________________________