



WINTER BREAK ART DAY SCHOOL Creativity Camp

February 19–23, 2007



MEMORIAL ART GALLERY

585-473-7720, ext. 3056 mag.rochester.edu

Our winter break Art Day School for children 7–13 runs this year from February 19 to 23. 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

Monday February 19:

Manga with Warren Mianecke
& *Polymer Clay Sculpture* with Jody Selin

Tuesday February 20:

The Comic Page with Warren Mianecke & *Polymer Clay Sculpture* with Peggy LaHair-Edmunds

Wednesday February 21:

Drawing Ideas in and out of the Gallery with Gina Zanolli & *Sculpture* with Warren Mianecke

Thursday February 22:

Paint Explorers with Bella Weidman
& *Puppets* with Paulette Davis

Friday February 23:

Portraits in Pencil and Paint with Lindsay Caruthers & *Felting for Kids* with Mimi Smith

SCHEDULE:

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

COST:

\$250 (\$225 members) per week
or \$60 (\$50 members) per day

PAYMENT POLICY:

Full payment due with registration.

REFUND POLICY:

Withdraw by January 13: 80%
Withdraw by February 16: 50%
After February 19, 2007: no 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.



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 tell us anything else we should know to help take care of your child. For example, does your child have any allergies or special needs? Our awareness of these needs will help us make Art Day School more enjoyable and positive for your child.

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

If yes, please read and sign the medical waiver in the gray 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: _____

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 2/19 Tuesday 2/20 Wednesday 2/21 Thursday 2/22 Friday 2/23

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: \$ _____

OFFICE USE ONLY

Course fee _____

Membership _____

TOTAL _____

Date proc. _____

Chk # _____

Auth# _____

Initials _____ Book _____

Rpro receipt # _____

M.L. _____ M.B. _____

Date refunded _____

Amount \$ _____

Initials _____