Welcome to the Memorial Art Gallery’s all-day art camp! This is our 18th year of offering Art Day School, a fun and high-quality art education program for children 6–12. At Art Day School, kids enjoy making lots of creative decisions (and friends!). With enthusiastic instructors leading the way, each day or week of Art Day School provides both an opportunity to grow art skills—drawing, cartooning, painting, puppet making and sculpting—through exciting projects.

Our classes are held in studio classrooms, outside (when appropriate), and in the Galleries, 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 instruction, materials, time and the inspiration they need to create artwork they are proud to show. And with six hours of creative making and fun per day, a fully-stocked supply closet and the resources of an outstanding art museum, the artwork is impressive.

**WHEN DOES IT RUN?**

SUMMER week-long sessions starting June 27, July 5 (four-day session), July 11, July 25, August 1, August 8, August 15 and August 22

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?**

SUMMER by the week only $275 (members $250) except for week 2 $220 (members $200)

**TURN THE PAGE FOR FREQUENTLY ASKED QUESTIONS!**

CREATIVE WORKSHOP
OF THE MEMORIAL ART GALLERY
585.276.8959
MAG.ROCHESTER.EDU/CREATIVEWORKSHOP
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 6–8 and the senior group 9–12. 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 summer brochure (available after February 10 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.

What do kids do during classes?
Our curriculum emphasizes artistic skill-building (especially drawing, painting and sculpture) through creative projects. Instructors plan flexible lessons, give thorough demonstrations, and work individually with students to help them realize their own artistic strengths. Children look at and make a lot of confident, ambitious and exciting art projects.

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). As in past years, we may explore the Neighborhood of the Arts in lunchtime walking tours.

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. Labeling your child’s lunch and leak-proof beverage container helps us avoid confusion and helps your child locate this specially packed meal.

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?
Upon request we will provide a confirmation/receipt with tax ID # via email or US mail.
SUMMER

REGISTER BY THE WEEK ONLY (see page 6)
Any questions? Call 585.276.8959 or email creativeworkshop@mag.rochester.edu

WEEK 1  June 27–July 1  COLORFUL CREATIONS / A GALLERY OF YOUR OWN
• JR 54390: Fibers, tie-dye, Koolaid dyeing, marbleing [Mimi Smith] and
  A Gallery of Your Own [Warren Mianecke]
• SR 54398: A Gallery of Your Own [Warren Mianecke] and  FULL
  Color, pattern, jointed paper dolls [Laura Sidebotham]

WEEK 2  July 5–8 (four-day session)  ART & ARTISTS FROM AROUND THE WORLD
• JR 54391: Projects from around the world [Suzanne Kolodziej] and
  Masks, giant carps [Laura Sidebotham]
• SR 54399: Art & artists from around the world [Eddie Davis III] and
  Projects from around the world [Suzanne Kolodziej]

WEEK 3  July 11–15  CREATIVITY CAMP  FULL
• JR 54392: Musical instruments, drawing & painting outside, patterns in the museum [Kim Ryan] and
  Puppets [Laura Sidebotham]
• SR 54400: Making sculpture and drawings alone and as a team [Eddie Davis III] and
  Painting and printmaking [Kim Ryan]

WEEK 4  July 25–29  DRAWN TO GREATNESS / SCULPTURAL AWESOMENESS
• JR 54393: Drawing & painting outside [Jenn Soike] and
  Projects drawn from the collection [Lisa Myers]
• SR 54401: Sculptures with multiple parts, paintings [Lisa Myers] and  FULL
  Focus on drawing [Eddie Davis III]

WEEK 5  August 1–5  FANTASTIC STORIES / CARTOONS & ILLUSTRATIONS  FULL
• JR 54394: Animal-based painting, stories with illustration, collages [Lisa Myers] and
  Painted clay project [Aubrey Donovan]
• SR 54402: Illustration based paintings and prints [Amy J. Fisher] and
  Narrative comics and action figures, painted clay project [Cynthia Iannace]

WEEK 6  August 8–12  TRAVEL & ADVENTURE / ART & PHOTO  FULL
• JR 54395: Photos, collages and paintings [Jenn Soike] and
  Papier-mâché sculpture, recycled masks [Lisa Myers]
• SR 54403: Sculpture, posters, sewn creatures [Amy J. Fisher] and
  Art and photo [Roxana Aparicio Wolfe]

WEEK 7  August 15–19  MODERN ART / CONTEMPORARY FABULOUSNESS
• JR 54396: Modern art [Laura Garland] and
  Art outside, environmental and recycled art [Kim Fisher]
• SR 54404: Conceptual art for tweens, art in pairs, self portraits [Amy J. Fisher] and
  Inspired by Picasso, Matisse and Van Gogh, styles of painting [Lisa Myers]

WEEK 8  August 22–26  CARTOONS, CREATURES & COOL CREATIONS!
• JR 54397: Anything that would be cool! [Lisa Myers] and
  Cartooning and exaggerating forms, animals and faces [Johnny Lee Smith]
• SR 54405: Manga drawing and painting based on Japanese anime cartoons [Warren Mianecke] and  FULL
  Sewn puppets/soft sculptures, paintings, artists' books [Amy J. Fisher]
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. Registrations will not be processed without a completed registration form.

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 the Memorial Art Gallery.

☐ 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 the Monday of the week prior to the class: 90%
Withdraw after the Friday before the class starts: 50%
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: _____ / _____ / _____
CREATIVE WORKSHOP ART DAY SCHOOL REGISTRATION
REGISTRATION FOR ALL SESSIONS BEGINS JANUARY 9.

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

Child’s name ____________________________________________  Birthdate & age _________________________

SUMMER WK 1 JUNE 27–JULY 1: JR 54390 / SR 54398
• Summer Wk 2 July 5–8: Jr 54391 / Sr 54399
• Summer Wk 3 July 11–15: Jr 54392 / Sr 54400
• Summer Wk 4 July 25–29: Jr 54393 / Sr 54401
• Summer Wk 5 August 1–5: Jr 54394 / Sr 54402
• Summer Wk 6 August 8–12: Jr 54395 / Sr 54403
• Summer Wk 7 August 15–19: Jr 54396 / Sr 54404
• Summer Wk 8 August 22–26: Jr 54397 / Sr 54405

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 with CW discount $70; to learn about other levels & member benefits, visit mag.rochester.edu/join)

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 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: $ _________________________