

ART CAMPS



Welcome to the Memorial Art Gallery's Art Day School!

Now in its 21st year, our fabulous all-day art camp is designed for children ages 6–12 during school breaks. They enjoy high quality (and very fun) art projects, visits to the museum to see original works of art, lunch breaks and daily recreation breaks. Two age groupings—6–8 (junior) and 9–12 (senior)—allow kids to learn about art techniques, strategies and materials as they make art they can be proud of.

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 teachers and an afternoon class with another.

Can I sign up my child for morning/afternoon only?

No, Winter and Spring Art Day School are by the day or the week because each day consists of interrelated classes with a common theme.

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 a day (morning and afternoon), children get 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). *Please be sure your child is dressed for 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. 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.



CREATIVE WORKSHOP of the Memorial Art Gallery
mag.rochester.edu/creativeworkshop

*Have questions? Call 585.276.8959 or email
creativeworkshop@mag.rochester.edu*

WINTER 2019

FEBRUARY 18–22

FOR TEACHER BIOS VISIT
mag.rochester.edu/creativeworkshop

Sign up by the day (codes below)
or by the week (use codes
JR 55810 / SR 55811)



Monday, February 18 **INSPIRED BY ANCIENT EGYPT** *student artwork pictured above*
[taught by Suzanne Kolodziej, Casey Cardillo & Faith Gruver]
JR 55800 / SR 55801

Tuesday, February 19 **ALL THINGS AWESOME FROM ASIA: CHINESE AND JAPANESE**
[taught by Suzanne Kolodziej, Casey Cardillo & Lisa Myers]
JR 55802 / SR 55803

Wednesday, February 20 **INSPIRED BY ROBOTS**
[taught by Casey Cardillo, Lisa Myers & Julie Flisnik]
JR 55804 / SR 55805

Thursday, February 21 **PAINT-TASTIC COLOR EXPLOSION**
[taught by Suzanne Kolodziej, Casey Cardillo & Lisa Myers]
JR 55806 / SR 55807

Friday, February 22 **FUNNY FRIDAY—CARTOONS, MEMES, CARDBOARD PUPPETS AND MORE!**
[taught by Casey Cardillo, Aly Webster, Julie Flisnik & Kasim Wallace]
JR 55808 / SR 55809

UPCOMING SESSIONS

SPRING (by the day or week): April 15–19

SUMMER week 1: June 24–28

SUMMER week 2: July 8–12

SUMMER week 3: July 15–19

SUMMER week 4: July 22–26

SUMMER week 5: July 29–August 2

SUMMER week 6: August 5–9

SUMMER week 7: August 12–16

SUMMER week 8: August 19–23

Info coming soon!

CREATIVE WORKSHOP WINTER 2019 ART DAY SCHOOL PERMISSIONS

NAME OF CHILD _____

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 or through the mail. 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 3 and 4 is identical, you do not need to fill out those pages more than once. **You do, however, need to fill out page 5 (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 other MAG-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 a true medical emergency we will call 911 at the same time we call the numbers below.*

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 DROPOFF 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 will be asked to show a 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 WINTER ART DAY SCHOOL REGISTRATION FORM

Registration begins January 5, 2019.



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

Child's name _____

Birthdate & age _____

ART DAY SCHOOL SESSION / COURSE CODE
(Please circle codes for sessions desired.)

whole week February 18–22: \$280 (members \$252) JR 55810 / SR 55811	Wednesday, February 20: \$70 (members \$63) JR 55804 / SR 55805
Monday, February 18: \$70 (members \$63) JR 55800 / SR 55801	Thursday, February 21: \$70 (members \$63) JR 55806 / SR 55807
Tuesday, February 19: \$70 (members \$63) JR 55802 / SR 55803	Friday, February 22: \$70 (members \$63) JR 55808 / SR 55809

OFFICE USE ONLY

Course fee _____

of weeks _____

Membership _____

TOTAL _____

Date proc. _____

Cash _____

Check # _____

Cart # _____

Rpro # _____

Initials _____

List _____

Confirm _____

Refund _____

Amount \$ _____

Initials _____

Rpro # _____

CS _____

Confirm _____

Date _____

YOU MAY REGISTER ONLINE AT MAG.ROCHESTER.EDU/CLASSES. If you register online, you do not need to fill out the section below, but the permission forms on pages 3 & 4 need to be completed and mailed or faxed to 585.276.8960 at least one week before the start of class.

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 \$80; to learn about other levels, 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: \$ _____

I am paying cash. (PLEASE DO NOT MAIL.) Amount paid: \$ _____