



ART CAMPS

Welcome to the Memorial Art Gallery's **SUMMER** 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 or for individual days?

No, Summer Art Day School is by the full week because each day consists of interrelated classes with a common theme, and each session's projects take the full week 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 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). *Be sure your child is dressed for the weather. Please do not send your child in flip flops or jelly shoes.*

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 their 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

SUMMER 2019



REGISTER BY THE WEEK ONLY (SEE PAGE 6)

Taught by Casey Cardillo, Amy J. Fisher, Faith Gruver, Suzanne Kolodziej, Lisa Myers, Simmi Wallace and Aly Webster. The teacher for each session is indicated in brackets. *We reserve the right to make instructor changes when necessary.* For teacher bios visit mag.rochester.edu/creativeworkshop.

Other camps and half-day classes (some of which can be combined for a full day) are available at mag.rochester.edu/classes.

WEEK 1: July 1–5 [no camp July 4]

PUPPETS, CHARACTERS & FANTASTIC STORIES

JR 55932 / SR 55933

- Create a few fabulous puppets or action figures and stories to go with them. [Simmi]
- Draw and paint characters in settings inspired by monsters and magic. [Aly]

WEEK 2: July 8–12

ART & PRINTS

JR 55934 / SR 55935

- Make 2-D and 3-D art, build large sculptures and create new colors. [Suzanne]
- Learn to create and pull prints using a variety of techniques. [Casey]

WEEK 3: July 15–19

ANIMALS & MIXED MEDIA

JR 55936 / SR 55937

- Draw and paint animals [Lisa] and learn the principals of illustration. [Faith]
- Combine creative elements and use a plethora of materials for mixed media projects. [Aly]

WEEK 4: July 22–26

SUPER SCULPTURES & ART INSPIRED BY THE 60s AND 70s

JR 55938 / SR 55939

- Get groovy while we make art inspired by the 1960s and 70s—from tie dye to word art. [Amy]
- Make cyanotype prints and nature mandalas; explore how environmental sculptures respond to nature. [Suzanne]
- Build and form our own sculptures. [Lisa]

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WEEK 5: July 29–August 2

REALISM & RADICALISM

JR 55940 / SR 55941

- Draw and paint what we see. [Casey]
- Discover the real parts of popular myths and make art that feels magical. [Amy]
- Explore how artists use realism and when it's time to use radicalism. [Casey]

WEEK 6: August 5–9

INSPIRED BY MAG & ART IN MOTION

JR 55942 / SR 55943

- Explore how to draw and paint speed, make STEAM projects, and build kinetic sculptures. [Amy]
- Be inspired by the paintings of Sam Gilliam (fields of color), the work of Yayoi Kusama (lots of dots), and the cultures of Egypt and Asia. [Suzanne]

WEEK 7: August 12–16

AMAZING ARTIST'S BOOKS & PASSIONATE PATTERNS

JR 55944 / SR 55945

- Make patterns and artwork that repeat in fun and exciting ways. [Casey]
- Create our own artists journals full of artwork and ideas developed this week. [Lisa]

WEEK 8: August 19–23

SCIENCE, HISTORY & FANTASY AS INSPIRATION

JR 55946 / SR 55947

- Draw and paint fantastic animals and magical places. [Faith]
- Learn to make art inspired by ancient Egypt, Greece and Rome. [Faith]
- Investigate the science of art—build a mobile, make a kazoo, mix your own colors, and paint with ice. [Suzanne]



CREATIVE WORKSHOP SUMMER 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, by fax, 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 4 and 5 is identical, you do not need to fill out those pages more than once. **You do, however, need to fill out page 6 (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: less \$30

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 SUMMER ART DAY SCHOOL REGISTRATION FORM

Registration begins February 17.



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

Child's name _____

Birthdate & age _____

PLEASE CIRCLE CODE(S) FOR SESSION(S) DESIRED.

WEEK 1 (July 1–5)*: \$224 (members 202) JR 55932 / SR 55933	WEEK 5 (July 29–August 2): \$280 (members \$252) JR 55940 / SR 55941
WEEK 2 (July 8–12): \$280 (members \$252) JR 55934 / SR 55935	WEEK 6 (August 5–9): \$280 (members \$252) JR 55942 / SR 55943
WEEK 3 (July 15–19): \$280 (members \$252) JR 55936 / SR 55937	WEEK 7 (August 12–16): \$280 (members \$252) JR 55944 / SR 55945
WEEK 4 (July 22–26): \$280 (members \$252) JR 55938 / SR 55939	WEEK 8 (August 19–23): \$280 (members \$252) JR 55946 / SR 55947

*four-day session; no camp July 4

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 4 & 5 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: \$ _____