YOUNG ARTIST’S WORKSHOP
Spring 2019

Do you love art? Are you between the ages of 5 and 13 years old? Sign up for the YOUNG ARTIST’S WORKSHOP today!

The following classes will be offered during the fall semester, starting Friday, February 22nd, 2019:

Ages 5-7yrs: Drawing, Painting and More
Ages 8-10yrs: Drawing, Painting and More
Ages 11-13yrs: Drawing, Painting and Printmaking

Where: McMaster Building, USC Campus,
Located at the corner of Pickens St. and Senate St. downtown Columbia, SC

When: Fridays 4:00-5:30 PM, February 22 through April 12th, 2019
*We will not meet Friday, March 15th due to USC’s Spring Break

Cost: $100.00 per student
$90.00 per student (if parent is USC faculty, staff, or student)

****IN ORDER TO RECEIVE THE DISCOUNT RATE, YOU MUST PROVIDE A PHOTOCOPY*******
OF YOUR USC IDENTIFICATION CARD AT THE TIME OF PAYMENT.

For more information please email: Rachel Stansell, Y.A.W. Coordinator, yaw.usc@gmail.com

Application Deadline: Friday, February 15th, 2019

Directions:
Students attending the Young Artist’s Workshop should be brought to the front entrance of the McMaster College of Art (Pickens St. side, indicated by the arrow on map), on The USC campus between 3:45 and 4:00 PM. Metered parking is available along Senate and Pickens Streets, please be aware that parking is limited. Students will be greeted by his or her instructor on the second floor of McMaster and escorted to his or her class at the appropriate time.

Tips:
If you should arrive after 4:00 PM, with your child’s safety in mind, please escort your child to his or her assigned classroom. Also, if you are running late for drop off or pick up please notify the Director, Dr Minuette Floyd, or the Coordinator, Rachel Stansell. PLEASE REMIND YOUR YOUNG ARTIST TO DRESS FOR MESS! Students ages 5-9 will be dismissed from his or her classroom each Friday. Parents must pick up their child from the classroom. All other students will be escorted to the front entrance of McMaster College at 5:30 PM to await your arrival.
Y.A.W. Application Form

Name of Child: ____________________________________________ Age:_____
__________________________________________ Age:_____
__________________________________________ Age:_____

Name of Parent(s) or Guardian(s): ____________________________________________

Address: _____________________________________________________________
___________________________________________

Email Address: _________________________________________________________
_____Yes, please add me to email list. (please check)

Home Phone: __________________________ Work Phone: __________________________
Cell Phone: __________________________

Please select the Workshop your child wishes to attend from the below options. *Please note that if you are enrolling more than one student, please write the name of the child next to the class he or she will be attending. Thank you.

_____ Ages 5-7yrs: Drawing, Painting and More
_____ Ages 8-10yrs: Drawing, Painting and More
_____ Ages 11-15yrs: Drawing, Painting and Printmaking

Enclosed Fee:_______ Check Number:_______
If affiliated with The USC please check one of the following: ____Staff, ____Faculty, ____Student

Medical Information

Tetanus Shot: ___ Yes ___ No   Effective Date:__________________________

In case of emergency notify:
1. Name: __________________________ Telephone #: __________________________
2. Name: __________________________ Telephone #: __________________________

Family Doctor/ Pediatrician: __________________________
Telephone #: __________________________

Please indicate what allergies your child may have, type of reaction when exposed, and what action needs to be taken in the instance an allergic reaction occurs.

Allergies:

________________________________________________________________________________
________________________________________________________________________________
If there is any additional information or special needs that you wish to disclose in regards to your child please explain below for teacher preparation.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

**Sign In/ Pick up Information**

Please indicate below if any persons other than yourself will be dropping off or picking up your child.

Name: __________________________________ Relationship: ________________________
Name: __________________________________ Relationship: ________________________
Name: __________________________________ Relationship: ________________________

________ No one is authorized to pick up my child other than myself, spouse, or guardian.

Please Mail Application to:
YOUNG ARTIST’S WORKSHOP
Attention: Rachel Stansell
School of Visual Art and Design
University of South Carolina
Columbia, SC 29208

Please make checks payable to: USC Art Fund, THERE WILL BE NO REFUNDS.

In person payments MUST be dropped off to Cliff
Mon.-Wed. between 1:30-4:30pm at the front office.

All fees are due ON Friday, February 22\textsuperscript{nd}, 2019

If you have any further questions please do not hesitate to email yaw.usc@gmail.com.

**Young Artists Workshop Dates**

**SPRING 2019**

*Fridays 4:00 pm – 5:30 pm*

**February 22nd:** First Y.A.W.

**March 1st:** Second Y.A.W.
**March 8th:** Third Y.A.W.

*March 15\textsuperscript{th} we will not meet due to USC’s Spring Break*

**March 22nd:** Fourth Y.A.W.
**March 29\textsuperscript{th}:** Fifth Y.A.W.

**April 5\textsuperscript{th}:** Sixth Y.A.W
**April 12\textsuperscript{th}:** Y.A.W. Reception and Exhibition
Permission/ Release Form

I hereby certify that I am the parent or guardian of ______________________, and give Dr. Minuette Floyd, Professor of Art Education at the University of South Carolina, the right and permission to publish in print or electronically photographs or video footage of my child and/or artwork taken during the Young Artist workshop at the University of South Carolina, as well as writings by the student named above. Photographs of your child may be used on the USC webpage (Y.A.W. link), Y.A.W. Facebook Page, and for educational purposes only.

I understand that the student will be identified by his or her first name only.

Parent Signature: ____________________________________________
Date:________________________