YOUNG ARTIST’S WORKSHOP - Fall 2019

Do you love art? Are you between the ages of 5 and 18 years old? Sign up for the YOUNG ARTIST’S WORKSHOP today!

The following classes will be offered during the fall semester, starting Friday, September 27, 2019:

Ages 5-6 years: Drawing, Painting, and More
Ages 5-6 years: Drawing, Painting, and More
Ages 7-8 years: Drawing, Painting, and Bookmaking
Ages 9-10 years: Drawing, Painting, and Fiber Arts
Ages 11-12 years: Drawing, Painting, and Mixed Media
Ages 13-18 years: Drawing, Printmaking, and Mixed Media

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, September 27th- November 8th, 2019
*We will not meet Friday, Oct. 11th, 2019 due to USC’s Fall 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: Chelsea Miller, Y.A.W. Coordinator, yaw.usc@gmail.com

Application Deadline: Wednesday, September 25th, 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 the 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, Chelsea Miller. 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.

________ Ages 5-6yrs: Drawing, Painting, and More
________ Ages 5-6yrs: Drawing, Painting, and More
________ Ages 7-8yrs: Drawing, Painting, and Bookmaking
________ Ages 9-10yrs: Drawing, Painting, and Fiber Arts
________ Ages 11-12yrs: Drawing, Painting, and Mixed Media
________ Ages 13-18yrs: Drawing, Printmaking, and Mixed Media

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 special needs that you wish to disclose in regards to your child please explain below.

________________________________________________________

________________________________________________________

________________________________________________________

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: Chelsea Miller
School of Visual Art and Design
University of South Carolina
Columbia, SC 29208

Please make checks payable to:
School of Visual Art and Design (SVAD)

Driver’s License Number MUST be on your check
THERE WILL BE NO REFUNDS.

If you wish to deliver your checks in person, someone will be available in the front office Monday through Wednesday, 1:30pm-4:30pm.
All fees are due ON OR BEFORE Wednesday, September 25th, 2019.

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

Young Artists Workshop Dates
FALL 2019
Fridays at 4:00 pm – 5:30 pm

September 27th: First Y.A.W.
October 4th: Second Y.A.W.
October 11th we will not meet due to USC’s Fall Break
October 18th: Third Y.A.W.
October 25th: Fourth Y.A.W.
November 1st: Fifth Y.A.W.
November 8th: Sixth Y.A.W.

November 15th: 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 and artwork 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:____________________