YOUNG ARTIST’S WORKSHOP - SPRING 2020

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, February 21, 2020:

- **Ages 5-7yrs:** Drawing, Painting, and More
- **Ages 8-9yrs:** Drawing, Painting, and More
- **Ages 10-12yrs:** Drawing, Painting, and Mixed Media
- **Ages 13-18yrs:** Drawing, Painting, and Ceramics

**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 21st- April 10, 2020.
*We will not meet Friday, March 13th, 2020 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: Chelsea Miller, Y.A.W. Coordinator, yaw.usc@gmail.com

**Application Deadline:** Wednesday, February 19th, 2020

**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 3:55 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 3:55 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, via email at yaw.usc@gmail.com. PLEASE REMIND YOUR YOUNG ARTIST TO DRESS FOR THE MESS! Students ages 5-7 will be dismissed from his or her classroom EACH FRIDAY and parents must pick up their child(ren) from the classroom. All other students will be escorted to the front entrance of McMaster College at 5:30 PM to await your arrival. All students must be signed in and out for EACH FRIDAY WORKSHOP.
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(s) that 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 5-7yrs:     Drawing, Painting, and More
______ Ages 8-9yrs:     Drawing, Painting, and More
______ Ages 10-12yrs:   Drawing, Painting, and Mixed Media
______ Ages 13-18yrs:   Drawing, Painting, and Ceramics

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.

Medical Information:

Tetanus Shot: ___ Yes ___ No   Effective Date:___________________

In case of emergency please notify:
1. Name: ____________________________ Telephone #:  __________________
2. Name: ____________________________ Telephone #:  __________________

Family Doctor/Pediatrician: ___________________________

Telephone #: ____________________________
Allergies:
(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 may occur.)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

If there is any additional information or special accommodations that you wish to disclose in regards to your child(ren) please explain below. (ADD, ADHD, Separation Anxiety, etc.)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Payment Information:**

Enclosed Fee: __________________________ Check Number: __________________________

If you are affiliated with The U.S.C., please check one of the following:
   ____Staff ____Faculty ____Student

(Please remember to bring your identification card, to be photocopied, for your discounted rate.)

**Please Mail Application With Payment To:**
Greyson Smith  
School of Visual Art and Design, University of South Carolina  
1615 Senate Street  
Columbia, SC  29208  

**Please Make Your Check(s) Payable To:**
University of South Carolina  
*Driver’s License Number MUST Be On Your Check.*

**DO NOT MAIL US YOUR CASH!**

If you wish to deliver your check(s) or pay in cash, in person, please call Greyson Smith at 803-777-4236.

**THERE WILL BE NO REFUNDS.**

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

**SPRING 2020 Young Artists Workshop Dates:**
Fridays from 4:00 p.m. – 5:30 p.m.

February 21st: First Y.A.W.  
February 28th: Second Y.A.W.  
March 6th: Third Y.A.W.  
March 13th: We will NOT meet due to U.S.C.’s Spring Break.  
March 20th: Fourth Y.A.W.  
March 27th: Fifth Y.A.W.  
April 3rd: Sixth Y.A.W.  
April 10th: 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 or artwork created by the student(s) named above. Photographs of your child may be used on the U.S.C. webpage (Y.A.W. link), Y.A.W. Facebook Page, and/or for educational purposes only.

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

Parent Signature: _________________________________
Date: _____________________