

March 2016

Dear Incoming 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade Parents,

This summer, the Ancillae-Assumpta Academy art department will be offering a two-week summer workshop to build artistic skills and allow students to explore different media outside of the classroom setting. Students preparing portfolios for high school admission are encouraged to attend this program and younger students with a strong interest in art are also invited to join us for an enriching summer experience. Not only will we guide students to create projects that they can submit for scholarship applications, but students will also have the opportunity to further their personal artistic interests and explore their creativity.

Although this two-week course will have a heavy emphasis on art production, we will also discuss artists and art historical movements as well as the principles and elements of design. This will build upon their classroom knowledge. They can also use this information as inspiration for the projects they will be creating with us. We will work in the art studios and also take advantage of the beautiful campus to give the students a change of scenery while we cover various artistic media including drawing, painting, printmaking, ceramics, and photography.

We hope that this summer workshop will provide an outlet for students who are very interested in art and desire to spend more time exploring their creativity.

Space is limited. Please register with the attached form by April 22, 2016.

### **Summer Art Workshop**

Monday, July 11, to Friday, July 22 (2 weeks, 60 hours)  
9:00am – 3:00pm, Pickup and Drop-Off in the McCoy Center Lobby  
Tuition: \$900 (Lunch and art supplies included)

Feel free or email us directly at [aperrine@ancillae.org](mailto:aperrine@ancillae.org) and [bflanigan@ancillae.org](mailto:bflanigan@ancillae.org) if you have any questions or concerns about this workshop.

Thank you,

Alexis Perrine and Brittany Flanigan

# Summer Art Workshop Registration

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Completed as of July, 2016 \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

## Emergency Information:

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

## Alternate contact in case of illness or emergency:

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## Insurance Information:

Please indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

In case of an emergency where hospital treatment is necessary, and I cannot be reached, I hereby give permission for Ancillae-Assumpta Academy to take my child for necessary treatment to the nearest hospital.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Allergies:** List all known and describe reaction and management of the reaction.

Medication \_\_\_\_\_

Food \_\_\_\_\_

Other (insect sting, hay fever, asthma, animal dander, etc.) \_\_\_\_\_

Treatment for Allergic Reactions:

Family Physician: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone # \_\_\_\_\_