



after-school art

Fine-Art Classes with Artist Linda Dixon

Weekly Classes for ages 7-18

\$25 registration fee

\$45 per month

Discounts for members & multiple students

Scholarships available

Register online at:

www.mgmoa.org

or call: 405-878-5300

or stop by:

Mabee-Gerrer Museum of Art on the campus of SGU 1900 W. MacArthur Shawnee, OK 74804

Fall classes start Sept. 6 Spring classes start Jan. 3 2011 - 2012

After-School Art Information:

Payments are due by the 1st of each month.

Transportation is not provided. Please arrange to transport your child to/from the museum for classes. Do not drop off your child more than 5 minutes early unless you stay with him/her.

Children must be signed in/out at the front desk.

2011-2012 Class Schedule:

Tuesdays 3:30 - 4:30 7 yr. - 8yr. Tuesdays 4:30 - 5:30 9 yr. - 10 yr. Thursdays 4:00 - 5:00 11 yr. - 18 yr.

2011-2012 Class Calendar:

Fall classes: Sept. 6 - Dec. 15 Spring classes: Jan. 3—April 26 No classes: 10/18-20, 11/22-24, 12/20-29, 3/20-22

Inclement Weather Policy:

The MGMoA will cancel art classes and (most likely) close to the public whenever Shawnee Public Schools or St. Gregory's University close due to inclement weather. If there is a threat of severe weather, classes may be canceled. Please call 405-878-5300 to confirm.

Monthly tuition prices are the same regardless if classes are canceled for inclement weather. Free make-up classes will be offered in May to offset the tuition charged for any canceled classes.

Inclement weather make up days (if necessary): May 1,3,8, and/or 10.

Dress Code: Please remember, we will be making art. Some of the materials we use can stain clothing. Students should dress accordingly.

Art Show:

Year-end art show and reception May (TBA).

The year end art show and reception is free & open to friends and family of ASA students.

All class artwork will be held for the art show at the end of the year and will be released on the day of the show following the reception. If you will not be at the show to pick up your child's work, please make arrangements in advance to pick it up by June 10. Work left after June 10 will become the property of the Mabee-Gerrer Museum of Art. To make arrangements, please contact Donna Merkt at 405-878-5605 or dmerk@mgmoa.org.

After-School Art Registration

Name of Child _____

Date of Birth _____

Parent's Name _____

Address _____

City/State/Zip _____

Email _____

Phone# (h) _____ (c) _____

My Child will be attending After-School Art on:

- Tuesdays, 3:30 - 4:30 for ages 7-8 Tuesdays, 4:30 - 5:30 for ages 9-10 Thursdays, 4:00 - 5:00 for ages 11-18

I have enclosed:

- \$25 Registration Fee for one Semester: Fall OR Spring \$50 Registration Fee for both Fall & Spring Semesters \$45 Non-Member Tuition for Month of \$40 MGMoA Member Tuition for Month of

I am eligible for:

- a 10% discount for having 2 or more children attending a 15% discount for having 3 or more children attending a tuition scholarship and registration fee waiver.

Total enclosed \$ _____

Emergency Contact: _____

Phone# (h) _____ (c) _____

Please list any medical conditions the MGMoA should be aware of _____

In case of a medical emergency, after reasonable effort has been made to contact me and the child's physician or the person listed as emergency contact, "I hereby give my permission to the Emergency Medical Personnel and/or physician contacted by the Camp Director to secure treatment at a hospital and order injection, anesthesia or surgery for my child. I also authorize the MGMoA to provide a copy of my child's medical information to proper medical personnel for purposes of treating my child. In the event that any such treatment is not covered by insurance applicable activities, I agree to pay expenses incurred in such an emergency."

To the best of my knowledge, the information contained on the front and back of this form is correct. Except as noted, the person herein described has permission to engage in all camp activities.

Photographic and/or video images may be used by the MGMoA for publicity purposes. Please circle: YES or NO

Signature of Parent/Legal Guardian _____ Date _____