



VIRGINIA MUSEUM OF FINE ARTS

Youth Fall/Spring Program Information

Please read the following information carefully, as parents and students are responsible for understanding all policies and procedures.

ABOUT VMFA'S YOUTH STUDIO CLASSES AND WORKSHOPS

Visit VMFA's Art Education Center for innovative art projects that foster creativity, critical thinking, and fun! Students explore the museum's world-renowned collection of fine art, experiment with studio materials, and learn from expert instructors who accommodate all levels of skill and talent. Programs are available for ages 5-12.

TIMES AND TUITION

Afterschool Art Club (Ages 5-8)	Thursday, 4:15-6 pm	\$20 (VMFA members \$18)
Foundations in Art (Ages 9-12)	Thu (3 sessions), 4:15-6pm	\$60 (VMFA members \$54)
Kids Discover... (Ages 6-9)	Select Saturdays, 1-4 pm	\$25 (VMFA members \$22)

TO REGISTER

Go to www.vmfa.museum, phone 804.340.1405, or visit the front desk during VMFA public hours.

QUESTIONS ABOUT PROGRAMS

EMAIL youthstudio@vmfa.museum

PHONE 804.340.1331 or 804.340.1438

WHAT TO BRING

PHOTO ID Photo identification is required for authorized adults picking up students enrolled in children's programs.

EMERGENCY FORMS Completed forms are only required if the student has a medical concern or enrolled in summer camps.

Medical Notice: VMFA Education Staff are not authorized to administer medications on a regular basis. If a student is to self-carry a medication for use **in the event of an emergency**, it must be noted on the **Emergency Information Form, and written instructions on the administration of medicine must be provided by the parent or legal guardian on the Emergency Medication Permission Form**. It is strongly advised that should your child need emergency medication, VMFA staff is notified at least two weeks ahead of the program. Phone 804.340.1438 or 804.340.1331, or email youthstudio@vmfa.museum. If your child has an allergy of any kind, it is important to inform VMFA staff before the start of class. If your child has a serious life-threatening allergy, we welcome you to remain on campus while your child is participating in the program.

In the event of an emergency, VMFA Staff will respond to the situation promptly and accordingly; a staff person will immediately attempt to reach the parent or guardian.

ART SUPPLIES VMFA provides all art supplies and tools needed for each class, though students are sometimes encouraged to bring additional supplies when noted under the class description (check online for updates).

WHERE TO GO

PROGRAM LOCATION Youth programs take place in **Studio 1 or 2** of the **Art Education Center** inside the museum.

PARKING Allow ample time to park and check in before the start of class. The **VMFA Parking Deck** is free for members or \$5 for nonmembers. For street parking, N. Boulevard is recommended for those registered in children's programs (or Sheppard St. for programs in the Pauley Center building).

Museum Notice: Parking is not permitted along the Entry Plaza or fire lane.

WHAT TO WEAR

ART CLOTHES Wear attire that is appropriate for an art studio (art materials can stain clothing). Each studio is equipped with art smocks that may be used for messy projects. Closed-toed shoes are recommended. We also encourage dressing in layers or bringing a long-sleeved shirt, in case students feel chilly in the museum or studios.

CLASS PROCEDURES + POLICIES

CHECK IN A parent, guardian, or authorized adult is required to check in before the start of class by filling out the **Attendance Sheet** with the student's name, adult's name, a primary contact number for the day, and the name of the adult who is scheduled for pick-up.

Caregiver Notice: DO NOT drop your child off without checking in to the **Art Education Center**. In the event that your child is dropped off without signing in, a VMFA staff member will contact you immediately to pick up your child. As a result, the student will lose his or her place in the program and will not be permitted to return.

CHECK OUT Don't forget your ID! When the students are ready to be dismissed, VMFA staff will ask all adults to show photo identification and initial the **Attendance Sheet** to verify pick-up. Until then, caregivers should wait patiently *outside of the Art Education Center* until class has ended and a staff person is available to assist you. Students need time to finish projects, clean up, and review the day's lesson; *visitors standing within view of the studios can be a distraction*.

TIMELY PICK UP Pick up time begins promptly at the end of class. If your child is not picked up within 10 minutes of the program's completion time, VMFA staff will attempt to reach the authorized pick up person, parents, and emergency contacts. If VMFA staff cannot reach contacts 30 minutes past the program's completion time, the student may be escorted to the security desk and staff will determine the next course of action.

CANCELLATION POLICY Fees are nonrefundable except when VMFA cancels a class. *Classes may not be substituted or switched once registration is complete*. Be sure to mark your calendar and save your confirmation email upon registering. Refunds will not be granted if you miss a program. Classes with insufficient enrollment will be cancelled at least one week before they are scheduled to start. Participants will be notified and reimbursed fully.

CLASS CONDUCT

Parents are responsible for reviewing the following rules and consequences with their children before the start of class.

RULES

1. Practice safety in the studios and galleries
2. Be kind and respectful to teachers and classmates
3. Help clean up after every project
4. Take part in all activities
5. Have fun! 😊

CONSEQUENCES

- 1st Teacher speaks with student about inappropriate behavior
- 2nd Student sits out for quiet time and teacher speaks with parent/guardian after class
- 3rd Student may be removed from program entirely and/or may only be readmitted if the parent/guardian accompanies the student for the remainder of class

Museum Notice: Please do not bring toys and other distractions in the studio. Smartphones must be turned off or on silent.

SCHOLARSHIPS

SCHOLARSHIP APPLICATION FORM A select number of scholarships are available for youth and teen studio programs. Phone 804.340.1331 to request a **Scholarship Application Form** or email youthstudio@vmfa.museum.

EVALUATIONS

HOW WAS CLASS? Students and/or parents may be asked to complete a survey at the end of class. We value your opinion and would greatly appreciate you taking the time to help us improve our program and exceed your expectations!

EMERGENCY INFORMATION FORM | VMFA YOUTH & TEEN STUDIO PROGRAMS

Student's Full Name _____ Gender Female Male

Prefers To Be Called _____ Age _____ D.O.B. __ / __ / ____

Title of Camp/Class* _____

**Note: A new form is collected at the beginning of every summer camp in order for the instructor to retain immediate access to your child's up-to-date, emergency information. If your child is attending multiple camps and the information remains the same, we recommend making copies.*

Parent/Guardian _____ Cell/Primary # () -

Street Address _____ Secondary # () -

City, State, Zip Code _____ Email _____

Other Emergency Contact _____ Cell/Primary # () -

Relationship to Student _____ Secondary # () -

Other Person(s) Authorized to Pick-up Student *(You may include family members, carpool drivers, friends, etc.)*

1. Name _____ Phone # () - Relationship _____

2. Name _____ Phone # () - Relationship _____

3. Name _____ Phone # () - Relationship _____

Pick-up Notice: *Students (under 13 yrs) must be picked up promptly at the end of class by an authorized pick-up person with a Photo ID. Late departures may result in dismissal from the program. If your child is not picked up within 10 minutes, VMFA staff will attempt to contact you, followed by the other contact and authorized pick-up person(s). If VMFA staff cannot reach contacts within 30 minutes, the student will be escorted to security staff who will then determine the next course of action.*

Family/Primary Doctor _____ Office Phone # () -

Dentist (optional) _____ Office Phone # () -

Insurance Provider _____ Insurance ID # _____

Known Allergies _____ Reactions _____

Medical Conditions _____ Current Medications _____

Developmental Conditions _____ Special Needs _____

Please list any emergency self-carry medications and complete the accompanying instruction sheet:

Do you have any additional information to share with the teacher that would help your child have a successful camp experience?

*"I certify that the information provided above is accurate. I have read and understand the content provided in the **Studio Programs Information Sheet** and have reviewed the Studio Rules and Consequences with my child. My child has permission to participate in all program activities. While VMFA and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will not hold the museum responsible for any accident or injury that may result during these activities. In the event of any medical emergency, I authorize VMFA Staff to administer first aid and/or to seek emergency medical treatment for my child."*

Parent/Guardian's Signature _____ Date _____



Emergency Medication Permission Form

Medications prescribed for an individual student in the event of an emergency **MUST** be kept in the original container bearing the original pharmacy label with student's name, medication, and dosage. **NO medication (prescribed or over the counter) shall be dispensed without written permission of the legal guardian of the student.** The pharmacy label can serve as the written order of the physician.

Name of student _____

Name of medication _____

Dosage _____

Emergency Parameters _____

Pharmacy _____ Prescription # _____

To Be Completed By the Parent/Legal Guardian

Please supply written, detailed directions on the administration/dispense of emergency medication:

I authorize VMFA personnel to administer the above medication to my child in an emergency using instructions I have provided on this form.

Parent/Guardian signature _____ Date _____

Home Address _____

Home Telephone _____ Work Telephone _____