

## Welcome to the Artist's Institute 2010

Thank you for enquiring about the Artist's Institute. Please find in this packet the enrollment materials for the 2010 session of the Artist's Institute, including the logistical details of the summer program on the next page.

The Artist's Institute was started at Friends Academy twelve years ago when we opened the Helen A. Dolan Center, our arts facility. The goal was to create a summer day program that was geared toward students who had a strong interest in the arts. The program design is based on the concept that the best learning takes place when we are comfortable, supported and having fun. Our students grow through the challenges that they are ready for, always knowing that a helping hand is never far away. In order to maintain this individualized program, we accept no more than 60 students a summer, ranging in age from five to fourteen, and have a staff ratio of four to one. Students work primarily with others of their own age, but there are parts of every day when the community comes together as a whole. In this way our younger students can benefit from the role modeling of our older students and our older students can be reminded of the importance of freedom and play that our younger students personify.

This philosophy of a community coming together to learn from one another is also modeled in our staff. Our staff is led by Master Level teachers who develop curriculum, train and supervise interns, and work directly with the students. Our interns are college and high school age students who have a demonstrated interest in both the arts and teaching. Each Intern receives over fifty hours of training before the summer begins.

We want each day to include spontaneous moments of fun and abandon and thoughtful moments of quiet growth. To that end, our curriculum combines a variety of elements: singing, dancing, acting, visual arts, community building, personal growth and discovery, garden growing, drumming, and the occasional water fight. Each class and activity is structured to be developmentally appropriate for each age group. For example, acting classes for our 5 and 6-year-olds are based on creative dramatics; our 13 and 14-year-olds receive training in Stanislavski-based acting techniques. Every staff member knows every student by name. Each day, students have the opportunity to talk to the staff and each other about their classes and what they are learning. The staff meets at the beginning and end of each day to continue training and to discuss the strengths of that day's activities. It is through these conversations that we shape the overall summer experience.

The community of the Artist's Institute creates a safe environment where each student and their peers can learn and grow in a fun, relaxed and supportive atmosphere. Please take a few minutes to look over the information on the following pages and feel free to call us if you have any questions.

## The Artist's Institute 2010

The program accepts sixty students, ages five to fourteen. Due to the high rate of returning students, there are limited spaces available. Below are some of the logistical details of this summer's program.

- Dates: Monday June 21<sup>st</sup> to Saturday July 24<sup>th</sup>.
- Times: 9:30 AM to 4:30 PM, Monday through Friday (On Saturday, July 24<sup>th</sup> students come in the afternoon for Special Closing Events & the Arts Festival)
- Location: The Helen A. Dolan Center at Friends Academy, Locust Valley, NY 11560
- Field Trip: The program takes a field trip, usually to New York City. The activities of the day are geared towards the themes of the summer, and usually involve seeing a show.
- Arts Festival: Friday, July 23<sup>rd</sup> and Saturday, July 24<sup>th</sup>, at 7:00 PM During the course of the five-week program, students create and rehearse original performance pieces which are performed on the Dolan Stage and several venues in and just outside the Dolan Center.)
- Tuition fee: \$3400.00. Financial Aid is available to qualifying Friends Academy students. (Please contact the Artist Institute office regarding requests for Financial Aid.)
- Lunch Options: Students can bring their own lunches and many do (please do not send nuts or nut products, we are a nut-free campus.) However, the Artist's Institute provides two lunch options with one fee for the entire summer: The **5-Day** option, for **\$175**, includes a variety of fresh deli sandwiches Monday, Tuesday and Thursday plus pizza on Wednesday and hotdogs on Friday. The **2-Day** option for **\$75** is for pizza on Wednesday and hotdogs on Friday only. All lunches provided by Artist's Institute include salad, fruit or vegetables, juice, chips and cookies.
- We ask students and their families to please make a commitment to attendance for the entire five-week program. The curriculum is cumulative: each exciting day builds on the one before while also being full of surprises, so we don't want students to miss a single moment.
- Busing is included in the tuition for most of Nassau, some of western Suffolk and some of eastern Queens. However, busing is available for 4 weeks only, starting June 28<sup>th</sup>. You will need to drop off and pick up your student from June 21<sup>st</sup> through June 25<sup>th</sup>. Please check with the Artist's Institute office to see if your student lives within our coverage area.
- If you are ready to register, please fill out the enclosed forms and return them to the Artist Institute office. Once your registration form is received, we will put your child on the list of expected students but we need a deposit of \$500 to guarantee your child's place in the program.

**Questions?** Please call and leave a message at the AI office  
at (516) 393-4289 or email us at [ai@fa.org](mailto:ai@fa.org).

You can also call Marian Tobia at the Middle School office at (516) 393-4239 until June 16<sup>th</sup>



**PARENTAL PERMISSIONS  
CONSENT FOR EMERGENCY CARE**

I give consent to Friends Academy, Locust Valley, NY to administer any emergency medical treatment to my child. I understand that every effort will be made to notify me in case of an emergency.

**FIELD TRIPS**

I grant permission or my child to participate in off-campus trips.

**PHOTOGRAPH RELEASE**

I grant permission for my child to be included in any camp photography that may be used for brochures, advertisements, posters and other publicity including news releases by The Artist's Institute and Friends Academy.

I have read and understand the above consent and releases for my child. Further, I understand that our obligation to pay the camp tuition and fees for the period I have enrolled my child in is unconditional and that no portion of such fees so paid or outstanding will be refunded or cancelled after June 15, 2010 notwithstanding the subsequent absence, withdrawal or dismissal of my child from The Artist's Institute.

Name of Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNET PHOTOGRAPH RELEASE**

Any and all photographs from The Artist's Institute placed on the internet will ONLY be placed on the Friends Academy website. No child will be identified by name in any of this photography.

(please check one of the following)

\_\_\_ I grant permission for my child to be included in any camp photography that may be used in the Friends Academy website, [www.fa.org](http://www.fa.org).

\_\_\_ I grant permission for my child to be included in group photography ONLY.

\_\_\_ Please do not place any Artist's Institute photography of my child on the Friends Academy website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Friends Academy Summer Program  
RELEASE AGREEMENTS**

The undersigned participant (hereinafter the "Participant"), in consideration of being permitted to participate in the Artist's Institute at Friends Academy, and in the view of the risks inherent to the activities of any kind, including but not limited to all liabilities, suits, claims and demands, actions or damages, (including attorney fees and disbursements) which may arise against Friends Academy, its officers, trustees, summer staff, employees, and agents, that may be made or sought by Participant, his/her representatives, agents, assigns, or next of kin.

Participant recognizes that certain hazards and dangers are inherent in the above activities as well as all other Artist's Institute at Friends Academy events and activities and that Participant is familiar with all such Artist's Institute at Friends Academy activities and the risks associated therewith.

Participant recognizes, understands, agrees to, and has instructed his/her child/children to follow the rules and regulations of the Artist's Institute at Friends Academy, as the same are adopted from time to time.

In further consideration of Participant being allowed to take part in any one or more of the Artist's Institute at Friends Academy, and in view of the various and special risks inherent to such programs. **Participant hereby agrees to indemnify and hold harmless**, Friends Academy, its officers, trustees, summer staff, employees, and agents from any claims of any nature whatsoever arising out of, or in any way relating to the activities thereof, as the same shall be determined from time to time by Friends Academy, in its sole discretion, and Participant's use of all the facilities of Friends Academy campus, including without limitation the Friends Academy swimming pool, aerial equipment, and the use of any facilities in conjunction with the Artist's Institute at Friends Academy, including all public and private facilities in which the Artist's Institute at Friends Academy may utilize. The foregoing indemnification shall apply to, without limitation, any claims of any nature whatsoever made by third parties of other participants in the Artist's Institute at Friends Academy who may be injured or damaged as a result of Participant's conduct.

The term "Participant" as used herein shall include the undersigned, any child for whom the undersigned, as parent or legal guardian, enrolls in the Artist's Institute at Friends Academy, and any and all children, heirs, next of kin, assigns and personal representatives of any of them.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

On behalf of (self/child/children): \_\_\_\_\_

Friends Academy admits children of any race, color, national and ethnic origin to all rights and privileges, programs and activities. Friends Academy is licensed by the New York State Department of Health and is inspected periodically.

**The Artist's Institute at Friends Academy**

Duck Pond Road, Locust Valley, NY, 11560

TEL: (516) 393-4289 Fax: (516) 629-4815

Student's Name \_\_\_\_\_

**CAMPER HEALTH HISTORY AND IMMUNIZATION FORM**

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Physician: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Student Date of Birth:    /    /

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

A complete physical examination of this patient was performed on the above date.  
The patient was found to be in good health with the following limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Medical History: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Scoliosis: Yes \_\_\_\_\_ No \_\_\_\_\_

IMMUNIZATION	DATE	DATE	DATE	DATE
CHXVAX				
DTAP				
DTP				
ACTHIB				
HEP B				
IPOL				
MMR				
CPV				
PPD				

We certify the above immunization record: \_\_\_\_\_

*The Artist's Institute / FA Summer Camps*

DUCK POND ROAD, LOCUST VALLEY, NY 11560

TEL: (516) 393-4289 FAX: (516) 629-4816

**Medication Authorization**

Dear Parent/Guardian:

In order for medication to be administered during the workshop (prescription or nonprescription) state law requires a written order from your physician indicating the frequency, dosage and any side effects of the medication.

I must also have a written request from you or a legal guardian to administer the medication.

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

- a) I request that the camp nurses administer the medication as requested by my physician to my child.
  
- b) I will deliver the medication directly to the camp nurse in a container labeled by the pharmacist with the patient's name and name of medication as well as the dosage to be given.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # or Cell# \_\_\_\_\_

**TO BE COMPLETED AND SIGNED BY PHYSICIAN**

Specific diagnosis \_\_\_\_\_

- a) Name of medication \_\_\_\_\_
- b) Duration of Regimen \_\_\_\_\_
- c) Dosage and time \_\_\_\_\_
- d) Side effects \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_