

Art Connects Art School  
409 Coleman Blvd. Ste. 2B  
Mt. Pleasant, SC 29464  
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## Contract for 2017 Spring Art Connects Art School

This contract is between \_\_\_\_\_ (parent's full name), parent of \_\_\_\_\_ (child's name) and Dianne and Eric Vincent. We agree that your child will be attending art classes for the Spring 2017 semester, beginning Monday, January 2 and running through June 2, 2017.

Our rates are: 1 student:\$65/hr, 2 students: \$37/hr, 3 students: \$33/hour, 4 or 5 : \$27/hr

**TOTAL for all 1 hour classes-** 21 classes (21 hours x \$27/hr) = \$567 plus (\$30 supply fee) = **\$597**  
**TOTAL for 2 hour classes –** 21 classes (42 hours x \$27/hr) = \$1134 plus (\$30 supply fee) = **\$1164**  
**TOTAL for 1.5 hour classes –** 21 classes (31.5 x \$27/hr) = \$850.50 plus (\$30 supply fee) = **\$880.50**

### REGISTRATION FOR SPRING 2017 ART CLASSES

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

**Email address: PLEASE PRINT CLEARLY!** \_\_\_\_\_

First choice of class time and day: \_\_\_\_\_

Second choice of class time and day: \_\_\_\_\_

Third choice of class time and day: \_\_\_\_\_

List any food or drink that your child cannot have: \_\_\_\_\_

Tell me anything about your child that you would like me to know: \_\_\_\_\_

<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>
5:00 – 6:00 _____	3:30 - 4:30 _____	3:30- 4:30 _____	3:30- 4:30 _____	3:30- 4:30 _____
5:00 – 6:30 _____	3:30 - 5:00 _____	4:30- 5:30 _____	4:30- 5:30 _____	4:30- 5:30 _____
	4:30 - 5:30 _____	4:30- 6:00 _____	5:30- 6:30 _____	

Initial class you would like. If you MORE than one class a week, please indicate: \_\_\_\_\_

Total cost: \_\_\_\_\_ Initial \_\_\_\_\_

**Please include your check for \$130 (\$100 deposit plus the \$30 supply fee) with this form to hold a spot for your child.**

This deposit and the supply fee will count toward the total cost for the semester. **FULL PAYMENT may be made on January 2, 2017 or may be broken into TWO PAYMENTS, the first half due January 2, 2017 and the second half is due February 13, 2017.**

Please initial your payment choice:

- \_\_\_\_\_ **Two payments. One half is due January 2, 2017 and balance is due February 13, 2017**  
\_\_\_\_\_ **One payment of the entire balance is due January 2, 2015**

**There will be NO EXCEPTIONS to the payment schedule. Children will not begin class until your contract and registration form are and payment have been made.**

**We agree that children will not be dropped early or picked up late. Eric or Dianne are not responsible for children other than during designated class times.** \_\_\_\_\_  
(Initial)

**We agree that a parent or caregiver will physically come inside the studio and sign you child in before and after class.** \_\_\_\_\_ (Initial)

**We agree that our child will not bring cell phones to class. They may leave it at the door if they need to use it after class.** \_\_\_\_\_ (Initial)

Dianne's classes are Mondays and Tuesdays. Eric's classes are Wednesdays, Thursdays, and Friday, though occasionally Dianne may substitute for Eric and Eric may substitute for Dianne.

Students will be allowed to miss up to FOUR hours per semester and can make up the hours missed at no additional charge during the make-up dates and times listed on the schedule. **Make-ups are ONLY at the end of the semester during scheduled times. There will be NO make-ups during regular hours.**

**Is your child an applicant for The School of the Arts?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when? \_\_\_\_\_

**Will your child be applying to the Cario Art Program?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, when? \_\_\_\_\_

**Will your child be applying to any other arts program that requires a portfolio?**  
If so, where and when? \_\_\_\_\_

**Parents must provide us IN WRITING what is required for each portfolio and the dates the portfolios are due. There is NO guarantee that we can get your child's portfolio in time for the due date. There is NO guarantee that your child will be accepted into any competitive program. Please initial:** \_\_\_\_\_

If you answered **YES**, we strongly urge you to tell us ASAP so we can begin planning the development of a competition quality portfolio for your child. This is a time consuming project made less stressful by adequate planning. There is an additional \$60 fee for preparing the portfolio presentation. Parents will provide the black display board. There may also be one or more additional Sunday classes at the end of the semester to prepare for the SOA drawing exam. This will be an additional charge of \$27/hr. I agree to pay for these additional charges. \_\_\_\_\_ Please initial.

We agree that if Dianne or Eric determine that your child is not participating appropriately, or if your balance is not paid on time, they have the right to terminate classes with your child. \_\_\_\_\_ (Initial)

This is the entire agreement between the parties, which merged all previous discussions, memoranda, or other writings, all of which have no further effect.

If any provision of the Agreement is adjudicated to be invalid, all remaining terms are reaffirmed as if the invalid term was never written in the Agreement, unless the term can be interpreted to amend such term only as much as is needed to make the term valid, in which case the court should do so.

The parties agree that they each are educated enough to understand the terms of this Agreement, that they have had the opportunity to read it, understand its terms, seek legal counsel to explain any terms that they did not understand, and they desire for this to be the agreement between them. Each party believes the Agreement to be fair and equitable in all regards and they desire for the Agreement to be enforced under its plain and ordinary meaning and not to be construed against one party or the other.

The parties agree that they were not under the influence of any drugs (prescription or otherwise) or alcohol, which would have rendered them unable to objectively sign this Agreement. The parties acknowledge that they are of sound mind.

The parties both agree that they believe this Agreement to be fair and equitable to both parties in all regards.

The parties agree by their undersigned authorized representative that they have read this Agreement, understand its terms, and desire for this to be the Agreement between the parties.

### **Photographic Authorization and Claim Release**

For valuable consideration, which is hereby acknowledged, being of legal age, I consent that the photographs, and/video/audio in which I appear with company products or equipment may be used by and become the property of Art Connects, Inc. for advertising, commercial, industrial, and trade purposes, in both print and electronic media. I hereby release Art Connects, Inc. from any and all claims, liabilities, grievances, or damages resulting from publication and use in company advertising in which I appear.

Print Full Name (Parent) \_\_\_\_\_ email \_\_\_\_\_

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

**We agree to all the terms written in the contract.**

### **To Be Signed by Parent or Guardian of a Minor Child**

I hereby certify that I am of legal age and that I am a parent or guardian of the minor child listed below.

Print Name of Child \_\_\_\_\_ Print name of Parent or Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_ email address \_\_\_\_\_

Legal Signature of Parent or Guardian \_\_\_\_\_ (Date)

Eric Vincent/Dianne Vincent \_\_\_\_\_ (Date)

# 2017 SPRING ART CLASS SCHEDULE

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
January 2	January 3	January 4	January 5	January 6
January 9	January 10	January 11	January 12	January 13
January 16	January 17	January 18	January 19	January 20
January 23	January 24	January 25	January 26	January 27
January 30	January 31	February 1	February 2	February 3
February 6	February 7	February 8	February 9	February 10
February 13	February 14	February 15	February 16	February 17
February 20	February 21	February 22	February 23	February 24
February 27	February 28	March 1	March 2	March 3
March 6	March 7	March 8	March 9	March 10
March 13	March 14	March 15	March 16	March 17
March 20	March 21	March 22	March 23	March 24
March 27	March 28	March 29	March 30	March 31
April 3	April 4	April 5	April 6	April 7

-----SPRING BREAK (April 10-14)-----

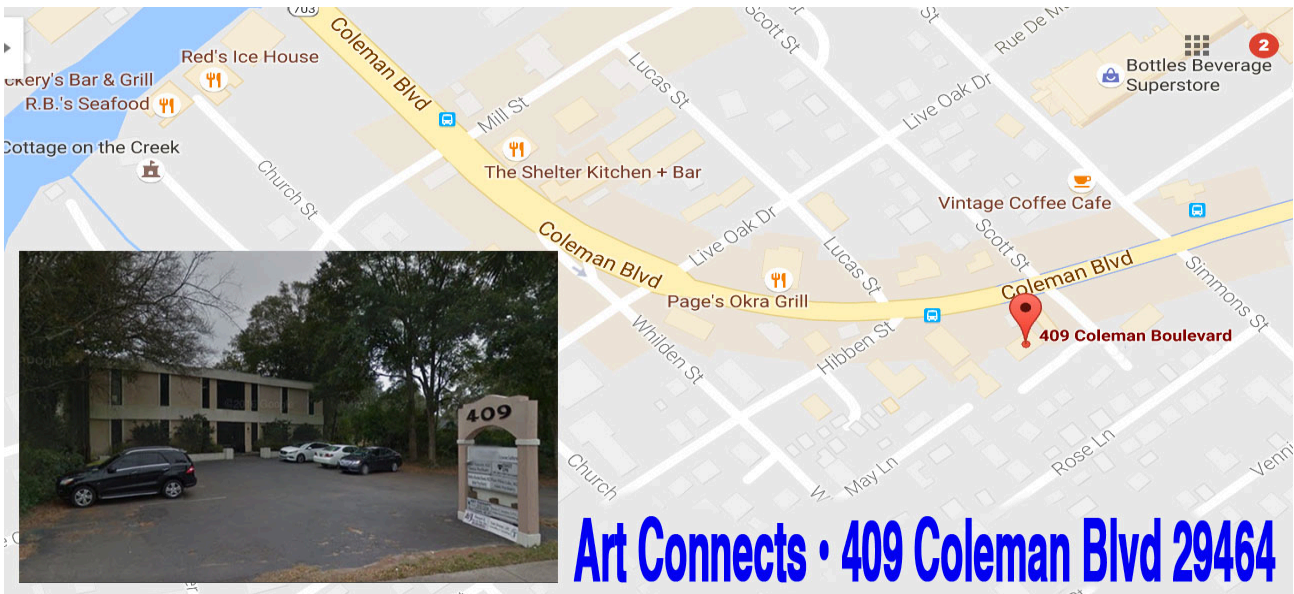
April 17	April 18	April 19	April 20	April 21
April 24	April 25	April 26	April 27	April 28
May 1	May 2	May 3	May 4	May 5
May 8	May 9	May 10	May 11	May 12
May 15	May 16	May 17	May 18	May 19
May 22	May 23	May 24	May 25	May 26
May 29	May 30	May 31	June 1	June 2

**Your child is allowed make-ups for up to four (4) hours of class time for this semester at no additional charge. Make-up classes are:**

**May 29- 6-8pm**

**May 31- 6:30-7:30pm**

**June 2- 1-3pm**



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Contact Dianne or Eric Vincent (843) 881-1799 or [artconnectsus@gmail.com](mailto:artconnectsus@gmail.com)