

Eric and Dianne Vincent  
Art Connects Art School  
409 Coleman Blvd. Ste. 2B  
Mt. Pleasant, SC 29464  
843•881•1799 or 843.870.7236  
[artconnectsus@gmail.com](mailto:artconnectsus@gmail.com) • [www.artconnects.us](http://www.artconnects.us)

### Contract for 2017 Fall 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 Fall 2017 semester, beginning Thursday, August 17 and running through December 14, 2017.

Classes are \$27 per hour, **with an additional \$30 art supply fee** for the semester.

**Total cost for one hour classes** 17 classes (17 hours x \$27 = \$459 plus \$30 supply fee)= **\$489**

**Total cost for 1.5 hour class** (25.5 hours x \$27 = \$688.5 plus \$30 supply fee) = **\$718.50**

**Total cost for two hour classes** (34 hours x \$27 = \$918 plus \$30 supply fee) = **\$948**

Please initial the class you would like your child to attend. Class times are:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
_____ 5:00-6:00	_____ 3:30-4:30	_____ 4:30-5:30	_____ 5:30-6:30	_____ 4:00-5:00
_____ 6:00-7:00	_____ 3:30-5:00	_____ 5:30-6:30	_____ 5:00-6:30	_____ 5:00-6:00
		_____ 4:00- 6:00		

If you are taking MORE than one class a week, please indicate: \_\_\_\_\_

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

**Please include \$100 deposit plus the \$30 supply fee. Please send \$130 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 August 17, 2017 or may be broken into TWO PAYMENTS, the first half due August 17, 2017 with the balance of the second half is due September 4, 2017.**

**There will be no make up classes. If you have to miss a class, you may switch with another parent as long as you give us notice by 9am on the same day in writing by text at 843.870.7236 or [artconnectsus@gmail.com](mailto:artconnectsus@gmail.com)**

Please initial your payment choice:

\_\_\_\_\_ **Two payments. One half is due August 17, 2017 and balance is due September 4, 2017**

\_\_\_\_\_ **One payment of the entire balance is due August 17, 2017**

**There will be NO EXCEPTIONS to the payment schedule.**

**WE AGREE THAT CHILDREN WILL NOT BE DROPPED OFF EARLY OR PICKED UP LATE. ERIC OR DIANNE ARE NOT RESPONSIBLE FOR CHILDREN OTHER THAN DURING DESIGNATED CLASS TIMES.**

**WE AGREE THAT A PARENT OR CAREGIVER WILL PHYSICALLY COME INSIDE THE OFFICE BUILDING AND PHYSICALLY BRING THEIR CHILD INTO OUR STUDIO. YOU WILL SIGN YOUR CHILD IN BEFORE CLASS AND COME INSIDE THE BUILDING TO SIGN YOUR CHILD OUT AT THE END OF THE CLASS. YOUR CHILD'S SAFETY IS OUR NUMBER ONE CONCERN.**

**Please be aware that we have new owners of the building. There may be fewer adults in the building now, so please ALWAYS physically come and sign your child in and out. We agree to NEVER leave them unattended unless a teacher is there. We hope to be in our new location at the end of the semester depending on the builder. The new address is 242 6<sup>th</sup> Avenue, Mt. Pleasant, SC 29464. This is about 5-8 minutes away from our current location.**

Dianne will be teaching Mondays and Tuesdays. Eric will be teaching Wednesdays, Thursdays, and Fridays. Occasionally, Dianne may substitute for Eric and sometimes Eric may substitute for Dianne.

**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 complete 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 \$65 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 \$26/hr. I agree to pay for these additional charges. \_\_\_\_\_ Please initial.

If you come to us after October 20 to start a portfolio the hourly rate will be \$33/hr. in a group instead of the \$27/hr. rate. If you chose to have additional hours other than the group, the rates are: \$65/hr for one student, \$37/hr for two, \$33/hr for three, four, or five students.

Unclaimed artwork left with us for more than 30 days after your child leaves the program may be discarded.

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

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 the 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)

**REGISTRATION FOR FALL 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:

---

---

**Please include a non-refundable check of \$100 with a supply fee of \$30 with  
this form (total \$130) to hold a spot for your child.**

---

---

**Contact Dianne Tennyson Vincent or Eric Vincent 843.881.1799 or 843.870.7236**

**2017 FALL ART CLASS SCHEDULE  
ART CONNECTS ART SCHOOL  
artconnectsus@gmail.com  
843.881.1799 or 843.870.7236**

<b>MONDAYS</b>	<b>TUESDAYS</b>	<b>WEDNESDAYS</b>	<b>THURSDAYS</b>	<b>FRIDAYS</b>
			August 17	August 18
August 21	August 22	August 23	August 24	August 25
August 28	August 29	August 30	August 31	September 1
September 4	September 5	September 6	September 7	September 8
September 11	September 12	September 13	September 14	September 15
September 18	September 19	September 20	September 21	September 22
September 25	September 26	September 27	September 28	September 29
October 2	October 3	October 4	October 5	October 6
October 9	October 10	October 11	October 12	October 13
October 16	October 17	October 18	October 19	October 20
October 23	October 24	October 25	October 26	October 27
October 30	October 31	November 1	November 2	November 3
November 6	November 7	November 8	November 9	November 10
November 13	November 14	November 15	November 16	November 17

**NO CLASSES THANKSGIVING BREAK  
(November 20-24)**

November 27	November 28	November 29	November 30	December 1
December 4	December 5	December 6	December 7	December 8
December 11	December 12	December 13	December 14	December 15
December 18	December 19	December 20		

**REGULAR YEAR ROUND PRICES EXCLUDING SEMESTER PRICES**

One student: \$68/hour,  
Two students: \$38/hour  
Three students: \$35/hour  
Four or five students: \$27/hour