Eric and Dianne Vincent Art Connects Art School 242 6th Avenue Mt. Pleasant, SC 29464 843.870.7236

artconnectsus@gmail.com • www.artconnects.us

Contract for 2018 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 clas	sses for the Fall 20	18 semester, beginn	ing Monday, August	20 and running through	
December 21, 20	018.				
Classes are \$27 ₁	per hour, with an a	additional \$30 art s	supply fee for the sen	nester.	
Total cost for or	ne hour classes 17	classes (17 hours x	\$27 = \$459 plus \$30	supply fee)= \$489	
Please in	itial the class you	would like your chil	d to attend. Class tim	nes are:	
Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	
5:00-6:00	3:30-4:30	4:30-5:30	4:30-5:30	4:00-5:00	
			5:30-6:30		
	5:30-6:30				
If you are	taking MORE that	an one class a week,	please indicate:		
Š]			
Please include	\$100 deposit p	lus the \$30 suppl	y fee. Please send	\$130 with this form to	
hold a spot for		11	•		

This deposit and the supply fee will count toward the total cost for the semester. FULL PAYMENT may be made on August 20, 2017 or may be broken into TWO PAYMENTS, the first half due August 20, 2018 with the balance of the second half is due September 10, 2018.

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 9 am on the same day in writing by text to 843.870.7236 or artconnectsus@gmail.com.

Two payments. One half is due August 20 September 10, 2018	0, 2018 and balance is due
One payment of the entire balance is due	August 20, 2018
There will be NO EXCEPTIONS to the payment sched	ule.
WE AGREE THAT CHILDREN WILL NOT BE	E DROPPED OFF EARLY OR
PICKED UP LATE. ERIC OR DIANNE ARE N	
CHILDREN OTHER THAN DURING DESIGN	ATED CLASS TIMES.
WE AGREE THAT A PARENT OR CAREGIVE	ER WILL PHYSICALLY COME
INSIDE OUR STUDIO. YOU WILL SIGN YOU	R CHILD IN BEFORE CLASS AND
COME INSIDE THE STUDIO TO SIGN YOUR	CHILD OUT AT THE END OF
THE CLASS. YOUR CHILD'S SAFETY IS OUI	R NUMBER ONE CONCERN.
Dianne will be teaching Tuesdays. Eric will be teaching M Fridays. Occasionally, Dianne may substitute for Eric and	
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?	
Will your child be applying to the Cario Art Program?	
Will your child be applying to the Cario Art Program? Will your child be applying to any other arts program of the so, where and when?	Yes No If so, when? that requires a portfolio?

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 our school 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 co	ontract.
To Be Signed by Parent or Guardian	of a Minor Child
I hereby certify that I am of legal age and the below.	at I am the parent or guardian of the minor child listed
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 2018 ART CLASSES

Child's name:			Age:
Parent's name:			
Address:			
City:			
Phone: HomeCell:			
Email address:			
PLEASE P	RINT CLEA	RLY!	
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 of			
Tell me anything about your child that			
Please include a non-refundable che	ck of \$100 w	ith a supply fee of S	30 with this form
(total \$130) to hold a spot for your c	hild.		

2018 FALL ART CLASS SCHEDULE

ART CONNECTS ART SCHOOL

artconnectsus@gmail.com 843.881.1799 or 843.870.7236

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

NO CLASSES THANKSGIVING BREAK (November 19-23)

November 26	November 27	November 28	November 29	November 30
December 3	December 4	December 5	December 6	December 7
December 10	December 11	December 12	December 13	December 14
December 17	December 18	December 19	December 20	December 21

REGULAR YEAR ROUND PRICES EXCLUDING SEMESTER PRICES

One student: \$70/hour
Two students: \$40/hour
Three students: \$38/hour
Four or five students: \$27/hour

PARENTS PLEASE KEEP THIS PAGE!