



(323) 936-0336

5443 W. Pico Blvd. Los Angeles, CA 90019
 creativeseeds_arts@yahoo.com

FAX: (323) 933-5420

2010 SUMMER ARTS CAMP SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:30-10:15am Yoga 5-11yrs	9:45-10:20am Creative Mvt. 18mo.-5yrs	9:30-10:15am Yoga 5-11yrs	9:45-10:20am Lil' Yoginis Yoga 18mo.-5yrs		9:30-10:10am Little Ninjas 3-5yrs
10:45-11:30am Drums 5-11yrs	10:30-11:10am Drumming Jammy Jams 6mo.-4yrs	10:45-11:30am Drums 5-11yrs	10:30-11:10am Drumming Jammy Jams 6mo.-4yr		
11:45-12:30am Creative Mvt. 5-11yrs	11:45-12:30am Story Art 18mo.-5yrs	11:45-12:30am Creative Mvt. 5-11yrs	11:45-12:30am Story Art 18mo.-5yrs		
	1-1:50pm Art 5-11yrs		1-1:50pm Art 5-11yrs		
	2-2:50pm Poetry/Creative Wrt. 5-11yrs		2-2:50pm Poetry/Creative Wrt. 5-11yrs		
3-3:50pm Arts/Crafts 5-11yrs	3-3:50pm Creative Mvt. 5-11yrs	3-3:50pm Arts/Crafts 5-11yrs	3-3:50pm Creative Mvt. 5-11yrs		
	4:40-5:15 Little Ninjas 3-5yrs	5-5:40pm Modern Ballet 6-8yrs			
	5:15-6:00pm Karate kids Beginner 5+	5:45-6:30pm Modern Ballet 9+			

**Siblings are
 Welcome &
 get a 10%
 discount**

THE FOLLOWING CLASSES ARE AVAILABLE FOR SUMMER 2010

For a detailed description of classes, please go to our website, www.growcreativeseeds.com

REGISTRATION FEES:

\$150 FULL DAY PROGRAM 6.21-9.3

\$75 HALF DAY PROGRAM 6.21-9.3

***\$215 FULL SUMMER 4 DAY PROGRAM**

SUMMER FUN

AGES 18 MONTHS - 11 YEARS

PAYMENTS & MAKE-UP POLICIES:

Payment must be made at the time of enrollment. There will be no refunds given for missed classes. **Make-Up Policy:** Any member of your family (adult or child) is welcome to make up your child's missed class. With prior approval from Ashley; Mother, Father, Grandparents, or Siblings may make up your child's missed class by taking any of our classes on the schedule. (free of charge) Make up class must occur during the session that your child is registered for.



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KIDS FALL 2009 REGISTRATION FORM

PARTICIPANT INFORMATION

PARTICIPANT:	AGE:	DATE OF BIRTH:
ADDRESS:	CITY:	ZIP:

CLASS(ES): (WRITE THE NAME OF THE CLASS YOU ARE REGISTERING FOR HERE)

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING CONTACTS

MOTHER'S NAME:	PHONE: (CELL/WORK/HOME)
FATHER'S NAME:	PHONE: (CELL/WORK/HOME)
CARETAKER OR OTHER:	PHONE: (CELL/WORK/HOME)

LIABILITY

I hereby certify that the minor listed above is in my legal custody and has my permission to participate in the courses conducted by CREATIVE SEEDS Inc. I further certify that the participant is in good health and has no physical or other impairment which would endanger the participant when engaging in such program. I absolve and hold harmless CREATIVE SEEDS Inc, its employees, officers or agents from any liability which may result from participation in courses conducted by CREATIVE SEEDS Inc. I understand that CREATIVE SEEDS Inc has no obligation to supervise my child at the close (ie: end time) of the above activity, and I release CREATIVE SEEDS Inc, and its officers, employees, and agent from any liability resulting from any lack of supervision of my child at the close (ie: end time) of the activity.

CREDIT CARD AUTHORIZATION

NAME ON CARD:	EMAIL ADDRESS:
BILLING ADDRESS:	CITY: STATE: ZIP:
CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
CARD NUMBER:	CARD EXPIRATION DATE:
SIGNATURE:	HOW DID YOU HEAR ABOUT US: <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> POSTCARD <input type="checkbox"/> WEBSITE <input type="checkbox"/> LOCAL BUSINESS/ BULLETIN BOARD
PRINTED NAME:	

I hereby authorize CREATIVE SEEDS ARTS, Inc. to charge my card in the amount of \$_____ as a one time payment for (check one) 6 wk 12wk session of classes as selected above.