



(323) 936-0336 5443 W. Pico Blvd. Los Angeles, CA 90019

FAX: (323) 933-5420

KIDS FALL 2009 CLASS SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					9:30-10:10am Little Ninjas 3-5yrs
10-10:45am World Citizen Baby 6mo.-4yrs	10:30-11:10am Creative Mvt. 18mo.-5yrs		10:30-11:10am Jammy Jams 6o.-4yrs	10:45-11:30am Musiiic Galloway Newborn-4 yrs	
11-11:40am Little Yoginis 3-5yrs	11:15-11:55am Jammy Jams 6mo.-4yrs		11:15-11:55am Creative Mvt. 18mo.-5yrs		
3:15-3:55pm Family Yoga 6mo.-5yrs		3-3:35pm storytime art 3-5yrs			
4-4:40pm Mama & Me Bellydance 4+	4-4:45pm Capoeira Angola 4+	4-4:50pm Art Fundamentals 7+	4-4:50pm Kids Kundalini Yoga 7+		
4:45-5:30pm Ballet/Modern 4-7yrs	5-5:40pm Jammy Jams 3mo.-2yrs	5-5:40pm Modern/ Creative Mvt. 6-8yrs	5-5:40pm AfroCuban 7+		
5:30-6:15pm Ballet/Modern 8-11yrs	5:45-6:15pm Karate 5+	5:45-6:30pm Modern/ Creative Mvt. 9+	5:45-6:15pm Karate 5+		



THE FOLLOWING CLASSES ARE AVAILABLE FOR FALL 2009

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

REGISTRATION FEES:

6 week sessions 11.02 - 12.20
\$105 for a 6 week session.

NEW TO CREATIVE SEEDS?
YOUR FIRST CLASS IS ALWAYS FREE
MUSIIC GALLOWAY \$150

OUR NEXT 6 WEEK SESSION BEGINS NOVEMBER 2TH

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 EXPRIRATION 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.