Art Zone
Children's Studio

1102 Aviation Blvd
Hermosa Beach CA 90254
(310) 318-6011

PRESCHOOL PARENT LAB
Enrollment Contract

Last Name _____

Child's Name _____ Age _____

Parent Name _____ Phone: _____

Parent Name _____ Phone: _____

Street_____ ZIP_____

EMail _____ Home Phone _____

No Class on Holidays =

2011/2012

	M	T	W	T	F	S	S
Sep	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	1	2
Oct	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
Nov	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	1	2	3	4
Dec	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
Jan	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
Feb	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
Mar	27	28	29	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
Apr	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
May	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
June	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24

Summer Camp Starts June 22

Policies: Tuition is non-refundable.Tuition is charged on the first of the month prorated according to the tuition schedule below.

Cancellation: To cancel/chande this enrollment contract, notify Art Zone by the 20th of the month preceding the month you wish to cancel or change. If Art Zone is notified after the 20th of the month, cancellation is subject to a 50% tuition charge. After the 1st of the month full tuition is charged for the current month. If you miss the deadlines, and are unable to attend class, please call us to schedule a subsitute class subject to availability.

Recurring Charge Card Authorization: I hereby give the Art Zone, Inc. permission to charge my charge card indicated below for the first month tuition listed below and continue charges on the first of each month thereafter until June 1, 2012 or until enrollment is cancelled per the terms of this agreement.

Start Date _____

First Month Tuition Amount: _____

Card No. _____
Visa Mastercard Discover

Expiration _____ Verification (__ __ __)

Cardholder Name: _____

Signature:_____

Date:_____

Enrollment Accepted by: _____ Date:_____

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Parent Lab Includes Unlimited Open Studio
Tuiton Proration Schedule

FRI 10:45 to 1:15

	Wks	Classes	Amount
Sept	4	6.0	178.0
Oct	4	6.0	178.0
Nov	2	3.0	89.0
Dec	3	4.5	133.5
Jan	4	6.0	178.0
Feb	4	6.0	178.0
Mar	5	7.5	222.5
Apr	3	4.5	133.5
May	4	6.0	178.0
June	3	4.5	133.5

Proration calculation assumes that each week you will come to one Friday (=1 class) and one open studio (=1/2 class) = 1 1/2 classes per week.
4 weeks x 1 1/2 classes = 6 classes at $155.00 per month.