



(323) 936-0336

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

FAX: (323) 933-5420

KIDS FALL 2009 CLASS SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	9:45-10:25am Creative Mvt. 18mo.-5yrs 10:30-11:10am Accoustic Jammy Jams 6mo.-4yrs		9:45-10:25am Little Yoginis 18mo.-5yrs 10:30-11:10am Accoustic Jammy Jams 6mo.-4yr	9:45-10:30am Musiic Galloway 6mo.-5yrs 10:45-11:30am Musiic Galloway 6mo.-5yrs	9:30-10:10am Little Ninjas 3-5yrs
3:15-3:55pm Family Yoga 6mo.-5yrs	3:00-3:40pm Ballet/Creative Mvt 3-5yrs	3:15-3:50pm World Citizen Baby birth.-10mo.	3:00-3:40pm Ballet/Creative Mvt 3-5yrs		
4-4:40pm Tap 6-8yrs	4-4:40pm Capoeira Angola 4+	4:00-4:45pm World Citizen Toddler 9mo.-4yrs	3:45-4:25pm Drummin' Jammy Jams 6mo-4yrs		
4:45-5:30pm Ballet/ Creative Mvt 4-6yrs	4:40-5:15 Little Ninjas 3-5yrs	5-5:40pm Modern Ballet 6-8yrs	4:30-5:10pm Drums 4-7yrs		
5:30-6:15pm Mama & Me Bellydance 5+	5:15-6:00pm Karate 5+	5:45-6:30pm Modern Ballet 9+	5:15-6:00pm Karate 5+		



THE FOLLOWING CLASSES ARE AVAILABLE FOR WINTER 2010

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

REGISTRATION FEES:

\$192.50 11 WEEK SESSION 1.11-3.28

\$105 6 WEEK SESSION 1.11-2.21

***\$275 MUSIIC GALLOWAY'S 11 WEEK SESSION**

NEW TO CREATIVE SEEDS?

YOUR FIRST CLASS IS \$5

REGISTER FOR AN 11 WEEK SESSION BEFORE JANUARY 1ST FOR \$165

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.