

# ART STUDIO

CREATIVITY + INSPIRATION

[www.artstudionow.com](http://www.artstudionow.com)

Winter 2012

- ◆ Kindergarten & up: M-F, 4 - 5:15 pm
- ◆ Classes meet once a week for 9 weeks
- ◆ Minimum enrollment 4, maximum 10
- ◆ Tuition \$200 \* Art supplies included
- ◆ Classes may be mixed grade levels
- ◆ No make-up classes except snow days
- ◆ Tuition is due *BEFORE* session begins\*
- ◆ Space extremely limited: determined on first come, first served basis
- ◆ Refund Policy: \$35 Cancellation fee prior to the start of any session

\*\$35 Late payment fee after session begins

**MONDAY:** 3-5th grade, January 9, \* 23, 30 Feb. 6, 13, \* 27 March 5, 12, 19

\*No class 1/16 MLK, 1/20 President's day

**TUESDAY:** 5-8th January 10, 17, 24, 31 Feb. 7, 14, 21, 28 March 6

**WEDNESDAY:** K - 2nd, January 11, 18, 25 Feb. 1, 8, 15, 22, 29 March 7

**THURSDAY:** 1st-4th, January 12, 19, 26 Feb. 2, 9, 16, 23 March 1, 8

**FRIDAY:** K & up or fill your grade!  
Jan 13, 20, 27 Feb 3, 10, 17, 24 Mar 2, 9

## ★ **NEW! FOR THE TINY ARTIST**

- ◆ Classes for ages 3-4, Wednesday, 10 -11am
- ◆ Classes meet once a week for 9 weeks
- ◆ Minimum enrollment 4, maximum 6
- ◆ Intro to basic art elements w/help from moms, dads, or primary caregivers, \$200

**PRIVATE LESSONS,**

**CUSTOM BIRTHDAY PARTIES,**

**PARENT'S NIGHT OUT**

**CONTACT FOR MORE INFORMATION**

SUSAN C. HARRIS 973.378.3798  
499 Summit Avenue  
Maplewood, NJ 07040  
[susancohenharris@gmail.com](mailto:susancohenharris@gmail.com)

## ✂ REGISTRATION

STUDENT'S NAME

AGE / GRADE

SCHOOL

PARENT'S NAMES

ADDRESS

TOWN

HOME PHONE / WORK# / CELL#

CAREGIVER'S NAME / PHONE #

EMERGENCY CONTACT

PHONE #

EMAIL / PRINT CLEARLY

FOOD ALLERGIES / SPECIAL NEEDS

COMMENTS

I, the parent/guardian of the above named child, give permission for my child to participate in this art program. By my signature, I release, absolve, indemnify & hold harmless Art Studio, Susan C. Harris, &/or helpers; any or all from claims of injury or harm resulting from participating in this program, including any risks and hazards from activities or field trips.

SIGNATURE OF PARENT

DATE

### **PHOTO RELEASE:**

Art Studio has permission to use photos for publicity of my child/children & their work.  
Yes \_\_\_ No \_\_\_

Checks payable to: Susan C. Harris or Art Studio. Mail or drop off to address below. If minimum is not met, funds will be returned. \$35 late payment/bounced check fee

SUSAN C. HARRIS 973.378.3798  
499 Summit Avenue, Maplewood 07040  
[susancohenharris@gmail.com](mailto:susancohenharris@gmail.com)