

**Youth Ensemble of Atlanta
Saturday Arts Class (SAC) Registration Form**

Student's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Cell phone:** _____

E-mail address _____

School _____ **Grade** _____

Date of Birth _____ **Age** _____

Parent's Name _____

Phone Number _____ **Cell** _____

Emergency Contact Person: _____

Phone Number _____ **Cell** _____

Does your child have any special needs/medical issues that pose a problem during the class activities? _____

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Class Information;

Classes are eight consecutive Saturdays beginning Saturday, **May 9th through June 27th**.
Class time is from 9:00 AM to 11:50 AM. The cost for each Saturday session is \$20.00.

Please e-mail this form to debibarber@hotmail.com or fax to 404.806.9217