

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

Date: _____

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, etc., that may pose a problem during the class activities? If so, please explain:

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Class Information: Classes are held eight consecutive Saturdays. Class time is from 9:00 AM to 11:50 AM. The cost for the SAC program is \$160.00. Please e-mail this form to debibarber@hotmail.com. Thank you.