

**Youth Ensemble of Atlanta
Saturday Arts Class (SAC) Registration Form
Spring 2014**

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? _____

=====
Class Information:

SAC runs **March 1, 2014 – April 19, 2014 (8 Weeks)**

Classes are Saturdays from 9am to 11:50am

Cost is **\$160.00** for the 8 week session (**\$20.00 per week**).

Please e-mail this form to debi@youthensemble.org or fax to 404.806.9217