

**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. Class time is from 9:00 AM to 11:50 AM. The cost for each Saturday session is \$20.00.

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Please e-mail this form to [debibarber@hotmail.com](mailto:debibarber@hotmail.com) or fax to 404.806.9217