

# Youth Ensemble of Atlanta

## Saturday School Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Does your child have any medical issues that pose a problem during the class activities? (allergies)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Classes:

My child is interested taking classes in  Music  Dance  Drama

**Track 1** (ages 6-10)  **Track 2** (ages 11-16)

9:00 - 9:50 AM	Music	Drama
10:00 - 10:50 AM	Drama	Music
11:00 - 11:50 AM	Dance	Dance

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Please return this form via e-mail to [ife@youthensemble.org](mailto:ife@youthensemble.org) or via fax to **404.806.9217**