YOUNG REMBRANDTS ENROLLMENT FORM

Student Name _____ Age _____ Birth Date _____

Parent Name _____ Home Phone _____ Emergency Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____ My child will: ☐ be picked up ☐ walk home ☐ other

School _____ Grade _____ Teacher _____

Class Day _____ Class Time _____ Start Date _____

May we use your child's drawing in our promotional materials? ☐ Yes ☐ No **May we photograph/video your child in class?** ☐ Yes ☐ No

I also understand all personal absences are forfeited. Signature _____

Make check payable to Young Rembrandts and include your child's name and school on the check. We accept MasterCard and Visa.

Credit Card Number | | | | | | | | | | | | | | | | Card Expiration _____ ☐ MC ☐ Visa

Name _____ Signature _____ Date _____
(as it appears on the card)

☐ Charge my account in full: apply discount ☐ Charge my account monthly

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