

**YOUNG AT ART  
ENROLLMENT FORM**

Today's Date: \_\_\_\_\_

Class day & time \_\_\_\_\_ Session: FALL / WINTER / SPRING / SUMMER

Summer Camp Weeks \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Main Phone \_\_\_\_\_

Mother/Father \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Father \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Young at Art? \_\_\_\_\_

Is there anything that the teacher should know about your child, i.e. learning style, unusual fears, behavioral concerns?

\_\_\_\_\_

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**PAYMENT INFORMATION**

A \$100 deposit is required for advance registration. The balance must be paid by the date of the first class. Deposits are non-refundable and non-transferable to another child or session. If a child drops out of class after the balance is paid, a prorated refund will be granted only when that spot is filled. Checks should be made payable to YOUNG AT ART STUDIO INC. Please mail checks to 1088 Central Avenue, Scarsdale, NY 10583.

Payment type: CHECK / CREDIT CARD / CASH

Amount : \_\_\_\_\_ FULL AMOUNT / DEPOSIT / BALANCE

Credit card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card \_\_\_\_\_ VISA / MASTERCARD / AMEX / OTHER

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I waive any liability against YOUNG AT ART STUDIO INC for injury, illness, or loss of property.

Signed \_\_\_\_\_ Dated \_\_\_\_\_