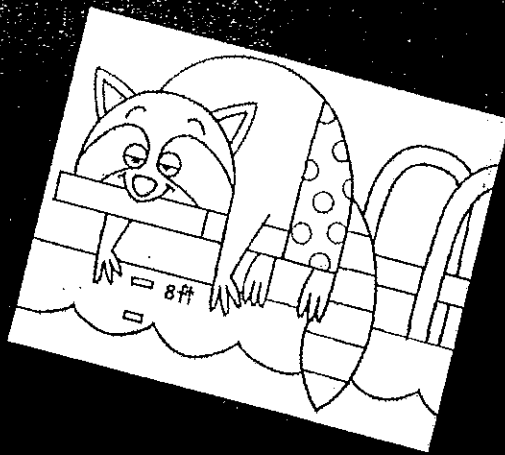
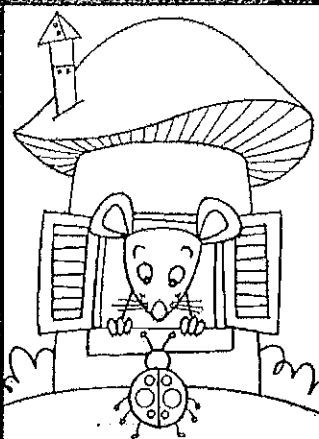

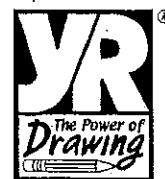


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For grades: K through 5th grade
Drawing Classes
for **kids** 
Calibre Academy
(class held on campus)

Classes Held
Mondays
3:10 – 4:10p.m.
8/20/18 - 10/8/18
No Class 9/3



Young Rembrandts



Tuition
\$88.00
for a 7 Week Session



Payment Options:
ENROLL ONLINE at
www.youngrembrandts.com

MAIL IN ENROLLMENT to
Young Rembrandts
14583 W. Windsor Ave.
Goodyear, AZ 85395
Ph: 623-299-4963 Fax: 623-535-5546

YOUNG REMBRANDTS provides all classroom supplies and a trained instructor. Classes are held immediately after school. Parents are responsible for transportation at class end.

Inspire your child's love of art with Young Rembrandts. Our lessons will teach how to transform simple shapes into clever characters, develop color & pattern theory and create fanciful drawings that will stir adventure & creativity.
Enroll for classes today!

TO ENROLL: ONLINE - go to <http://www.youngrembrandts.com>
BY PHONE - CALL 623-299-4963 or **COMPLETE REGISTRATION FORM** and **MAIL IT WITH PAYMENT TO**
14583 W. Windsor Ave. Goodyear, AZ 85395 or **FAX WITH CREDIT CARD NUMBER TO** (623) 535-5546.

Student Name First _____ Last _____ School Calibre Start Date 8/20/18

Parent Name _____ Class Day Mondays Class Time 3:10 - 4:10p.m.

Address _____ May we use your child's drawing in our promotional materials? [] Yes [] No

City _____ State _____ Zip _____ May we photograph/video your child in class? [] Yes [] No

Email Address _____ *I also understand all personal absences are forfeited.*

Grade _____ Birth Date _____ Teacher _____ Signature _____

Home Phone _____ Work Phone _____ I would like information about being a Parent Volunteer [] Yes [] No

Cell Phone _____ Emergency Phone _____ **Make check payable to Young Rembrandts and include your child's name and**

My child will: [] be picked up [] walk home [] other _____ **school on the check. We accept MasterCard and Visa.**

Emergency Contact _____ Phone Number _____ Relationship _____

Credit Card Number _____ / _____ / _____ Card Expiration _____ [] MC [] Visa CCV# _____

Name _____ Signature _____ Date _____