



Young Rembrandts

For K-5th Graders

Drawing Classes for kids

At Bache Martin Elementary



Classes Held
Thursdays
3:05 - 4:05 p.m.
9/29/16 - 11/3/16



Tuition for a 6 week session: **\$50**
Early bird online discount of \$5 if paid by 9/26-
discount shows up at check out. Mail in regis-
trations \$45 postmarked by 9/26.
\$50 starting 9/27



Payment Options
MAIL IN ENROLLMENT or
ENROLL ONLINE at
www.youngrembrandts.com

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

Experience the colorful magic of fall in the Young Rembrandts classroom. Kick off the season with a graphic iguana, a video game favorite Pixel Block Character and the geometrical world of architecture as we draw the Notre Dame Cathedral. Later, students will immerse themselves in the seasonal spirit as they learn still life technique of pumpkins, draw a detailed Scarecrow and draw a silly but challenging Patterned Bat.

Young Rembrandts
P.O. Box 1293
Southeastern PA 19399
Ph: 610-710-1487
Fax: 610-827-7437

TO ENROLL:

Submit your completed registration form through mail along with payment. Once submitted your child is automatically enrolled unless you are notified otherwise. Save your time and a stamp. **ENROLL ONLINE at: www.youngrembrandts.com/chestercounty**

Bache Martin

Student Name _____ Last _____ School Bache Martin Start Date 9/29/2016

Parent Name _____ Phone _____ Class Day Thursdays Class Time 3:15 - 4:15 p.m.

Email _____

Birth Date _____ Grade _____ Teacher _____

Home Address _____

City _____ State _____ Zip _____

My child will () be picked up () walk home () other _____

May we photograph/video your child in class? () Yes () No

Emergency Contact _____ Relationship _____

Emergency Phone _____

Payment Info: Checks, MasterCard, Visa & Discover are accepted.

Make checks payable to Young Rembrandts, include your child's name & school on check. () Check () MC () Visa () Discover

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card Number _____

Card Exp _____ CCV _____ () charge in full () charge account

I understand all personal absences are forfeited & all information is correct to my knowledge. **Signature** _____