

# Y A W S Class Registration Form

class/workshop name(s), day & time, and session (winter/spring/summer)

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name of student(s) \_\_\_\_\_

school student attends \_\_\_\_\_

name of guardian \_\_\_\_\_

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address, city, zip

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email address

cell phone

day phone

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emergency contact

phone

additional information \_\_\_\_\_

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Donation to the YAWS Scholarship Fund

(give any amount if you'd like to help another child have access to art)

\$25\_\_ \$50\_\_ \$75\_\_ \$100\_\_ other \$\_\_\_\_\_

Total amount of payment enclosed \_\_\_\_\_

- Checks payable to YAWS
- Mail this form with your tuition check to

**YAWS**

**1019 Allston Way**

**Berkeley, CA 94710**

*staff initials* \_\_\_\_\_