



ANDERSON TOWNSHIP PARK DISTRICT

Young Rembrandts: Pre-School Drawing, ages 3 ½ - 6

Register in advance. Participating in Young Rembrandts helps your child with confidence and self-esteem. Each student experiences a nurturing, positive environment full of possibilities. Our instructors celebrate your child's individual successes such as: following directions, holding and using a pencil, increasing attention span, gaining handwriting/fine motor skills, completing activities and enhancing communication skills. **All supplies included. Lessons never repeat!**

Dates: Tuesdays, February 7 – March 13

Time: 6:00pm – 6:45pm

Price: \$79 Anderson Resident; \$89 Non-Resident

Location: Beech Acres Park RecPlex

Questions? (513) 388-4515 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Young Rembrandts: Pre-School Drawing Registration ~ Winter 2012

Participant's Name _____ Birthdate ___/___/___ Gender _____ Grade _____ T-Shirt Size (sports) _____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____ Email _____

Medical Concerns: allergies, conditions, medications _____

Emergency Contact Name (different from above) _____ Phone _____

Date: Tuesdays, February 7 – March 13

Time: 6:00pm – 6:45pm

Price: ___\$79 Anderson Resident

___\$89 Non-Resident

Total Due: \$_____

Office Use Only:

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____