

**The Bein Gallery Art School**  
**2012 Youth Registration Form**  
**www.kidsartinsouthlake.com**

**Check one:** \_\_\_ **Spring (1/2-4/28)** \_\_\_ **Summer (6/6-8/13)** \_\_\_ **Fall (8/20-12/16)**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell #/emergency # and contact \_\_\_\_\_

EMAIL address \_\_\_\_\_

**Payment options:**

**Supply fee:** \_\_\_ \$10 (1<sup>st</sup>-6<sup>th</sup> and 7<sup>th</sup> & up) \_\_\_ \$10 (3-5 yr olds and pre-k-1st)

Supplies will only be used by your student and purchased as depleted. Included are: brushes, pencils, sharpie, and an eraser. Younger students have additional paint and pastels in their supply box.

**Spring (1/2-4/28) or Fall (8/20-12/16)**

**Class Day** \_\_\_\_\_ **Class Time** \_\_\_\_\_

**Weekly 1 hour classes (16 classes)**

\_\_\_ monthly \$50 (4 payments, 1<sup>st</sup> @ registration, remainder 1<sup>st</sup> week of each month)

**Or save**

\_\_\_ one payment of \$184 due @ registration

**Weekly 1 1/2 hour classes (16 classes)**

\_\_\_ monthly \$74 (4 payments, 1<sup>st</sup> @ registration, remainder 1<sup>st</sup> week of each month)

**Or save**

\_\_\_ one payment of \$272

**Summer (total tuition due at registration)**

Week# \_\_\_\_\_ Dates \_\_\_\_\_

\_\_\_ pre k-1<sup>st</sup> grade    \_\_\_ 1<sup>st</sup>-6<sup>th</sup> grade    \_\_\_ 7<sup>th</sup> grade & up    \_\_\_ weekly 2hr class  
   \$60 per week         \$120 per week         \$22 per 2 hr class         \$22/2 hr class

**Terms & Conditions:** Make checks payable to Linda Bein and mail with registration to: Linda Bein, 220 White Chapel Ct., Southlake, TX 76092. Payment is due at registration. Make-up classes are available when absence is reported prior to class. Make-ups must be completed within current session and must be scheduled prior to the make-up class, drop offs are not allowed due to disruption of scheduled class. If your child's schedule changes please contact me to change class or give your four weeks notice to receive a refund if applicable. Allergies/disabilities: \_\_\_\_\_. You are agreeing to the above terms by signing below.

**Parent/Guardian Signature** \_\_\_\_\_