

KOA REGISTRATION



PERSONAL INFORMATION

Student Name _____ DOB _____

Grade _____ School Name _____

Address _____ City _____ ZIP _____

Emergency Name _____ Emergency # _____

Parents' Names _____

Cell (mother) _____ Cell (father) _____

E-mail _____

CLASS INFORMATION

- **4 / 8-Week Sessions per Year + 1 / 4 week open studio session (cost \$95.00)**
- **\$190.00 per Session per Student** (23.75 per class)
- Open to Kids and Young Adults Grades 1st – 12
- Small Class Sizes: 6-8 Students – Organized by Grade and Ability Level
- 75 Minute Class Sessions – After School Weekdays

See class schedule for days and times

Class day and time: _____

Make check payable to: Kaleidoscope of Art Studio

Mail check to: 10142 Brooks School Road / Suite 220 / Fishers IN 46037

VENMO - @koastudioindy

Parent signature