

Kokol Art Studio and Gallery Registration Form

www.kokolartstudioandgallery.com

Please be sure to fill out this form, as this will be for both accounting and registration purposes for each student.

1) Traditional payment plan _____

One payment for the total class fee

* OR

2) First payment- Half of the class fee _____

Second payment- remaining balance on the first day of class

***PHOTOGRAPHY** Please **initial here** _____ if you will permit group and/or individual pictures of your child to use on Kokol Art Studio and gallery website and social media . No names will ever be used

***WITHDRAWAL FEE.** Once registered, any student that decides not to attend the session will be charged a \$50.00 WITHDRAWAL FEE. Please **initial here** _____. This verifies that you have read and understand this policy

Student's name: _____

Student's age(children only)_____

Student's grade as of August (children only)_____

Parent's name: _____

Day and time of class _____

Cell Number: _____

Home number: _____

Allergies or health concerns _____

E-mail address: _____

Please circle the plan chosen: cash or check only.

Full payment half and half

Class Fee: _____

Amount of payment enclosed: _____

Remaining Balance: _____

Mail Check and form to:

Beth Kokol Arts

3318 West Bay to Bay Blvd.
Tampa, Fl 33629

813-334-5100