

THE GRIFFITH ACADEMY

Student Registration Form

Contact Information: (One Student Per Form – please fill out all information carefully and legibly)			
Student Name (First/Last):		Date of Birth:	
Student Cell (over 14 only)		Student email (over 14 only)	
Parents Name(s):			
Street Address:	City or Town:	State:	Zip Code:
Primary cell phone:		Secondary cell phone:	
Primary email address:	Secondary email address:	Previous Dance Experience:	

Classes: Please enter class information.			Please Check Preference for each class
Class 1: (i.e. Irish/Ballet/Tap):	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 2:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 3:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 4:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 5:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person
Class 6:	Day:	Time:	<input type="checkbox"/> Virtual <input type="checkbox"/> In-person

Medical Information: Asthma Yes: ___ No: ___ If yes, use of Inhaler: Yes: ___ No: ___

Allergies: _____

Current or chronic medical conditions/injuries: _____

Liability Disclaimer:

→If my child exhibits fever, shortness of breath, cough, chills muscle pain, sore throat, loss of taste or smell, or has been exposed to someone who has COVID-19, I will not bring my child to class. **Initial:** _____.

→If my child displays any of these symptoms while at the Griffith Academy, he/she will be sent home. **Initial:** _____.

→I will not hold The Griffith Academy or it's Staff liable should a student or family member contract COVID-19. **Initial:** _____.

→The Griffith Academy will not be held responsible for any health problems or for any accident resulting from a student's negligence, or from failure to inform the Academy of any condition affecting a student's health, either on this form or during the period of lessons. **Initial:** _____.

Tuition Policy: I have read the Tuition Policy and am aware of late fees. **Initial:** _____.

Photo Release Consent: I authorize, acknowledge, and give consent to the Griffith Academy for the taking of photos and video and the possible use of these materials in print and digital media associated with the Griffith Academy for the above named student. This release is valid unless expressly revoked by the undersigned in writing. **Initial:** _____.

Parent or Guardian Signature: _____

OFFICE USE ONLY: Class #'s _____ Amount Paid _____ Check # _____ Date _____ By _____
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Tuition Policy

Pricing

Tuition for the first class for each student is **\$240** per semester. There is a **\$10** tuition reduction for each **additional** class per student, up to the fourth class.

Class 1: \$240 per semester

Class 2: \$230 per semester

Class 3: \$220 per semester

Class(es) 4+: \$210 per semester

Acceptance of Payment

1. You can mail your Registration Form, Tuition and Registration Fee to:

The Griffith Academy
31 Middletown Avenue
Wethersfield, Ct. 06109

All checks should be made payable to: Griffith Academy

There is a **\$20** charge for returned checks.

2. You can visit us in-person at the Griffith Academy Studios (275 Main Street, Old Wethersfield) during one of our in-person registration dates. Check, cash or all major credit cards are accepted at in-person registration. Please be sure to wear a mask and we look forward to seeing you.

Thursday, August 27, 5:00 pm — 7:00 pm **(NEW STUDENTS ONLY)**

Saturday, August 29, 10:00 am — 12:00 pm

Monday, August 31, 5:00 pm — 7:00 pm

Tuition is non-refundable after the third week of classes.

The semester begins September 14 and ends January 16.