

ENROLLMENT FORM: GRANBY CENTER

Student's Name: _____

Age as of Sept. 1: _____ Date of Birth: _____

Street Address: _____

City, State & Zip: _____

Telephone No: (____) _____ - _____ E-Mail: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Class Day & Time: _____ Instructor: _____

Parent's Name: _____

I understand that dance and gymnastics involves twisting and turning, and injuries may result. All families are responsible for their own medical coverage and insurance. I also give permission for any dance pictures to be used in local newspaper articles, studio advertising or on our web-site.

Signature: _____ Date: ____ / ____ / ____

- 1 class per week- \$44 per month
 - 2 classes per week- \$82 per month
 - 3 classes per week- \$103 per month
 - 4 classes per week- \$129 per month
- Each Granby student must pay a \$20 nonrefundable registration fee.

Please enclose this completed form along with a nonrefundable check for September lessons plus the Twenty dollar (\$20.00) registration fee and return to...

**New England Dance and Gymnastics Centers
11 Mill Pond Drive
Granby, CT 06035**

Amount enclosed- \$ _____