



## APPLICATION

**Mint Griot** is a part of **Griot Arts Inc.** that focuses on providing classes in the arts to students going into 3<sup>rd</sup>-6<sup>th</sup> grades. The classes will meet at the Griot Building at 278 Sunflower Ave in downtown Clarksdale. Each student that is accepted into the program is required to come to our regular **Tuesday and Thursday programming from 3:15-5:00** and must not be committed to any extracurricular activities that will interfere with classes. **Applications for Fall 2018 are due to the Griot Arts Building.** Drop off the application or mail it to 278 Sunflower Ave. Clarksdale, MS 38614. After we receive your application, we will call you for an interview & confirmation with a guardian. Our **Fall semester will start on Tuesday August 28<sup>th</sup>, 2018.** If you have any questions, please call Emily Wisseman at **(662) 483-0497.** There is a **\$120 registration fee** per semester, but scholarships are available. **Parents are expected to pick up their child at 5pm from the Griot building.**

### ACCEPTANCE

**There are limited spots available** for students in Mint Griot, therefore student acceptance will be on a **first come first serve** basis. In order to maximize the benefits of the art classes, we encourage students to be committed to regularly attending both days of the program, since their **classes will be working toward a performance every semester.**

### ARTS CLASSES (3:00-4:00)

Students will attend **1 arts class each day.** The program **starts at 3:15pm on Tue & Thur** and all students are required to attend the class that they're signed up for. For the safety of the students and peace of mind of parents, **absences are not excused unless a parent calls Emily Wisseman at (662) 483-0497** or sends a signed note the next day.

**Parents are expected to provide transportation** to and from the program for their student. We do pick up from Oakhurt, Kirkpatrick and PDS.

### CIRCLE TIME (4:00-5:00)

Circle time is the formative portion of Mint Griot where we build the **Biblical foundations for excellence, leadership, and community** through Bible study, art, and fundamental learning--especially reading & writing. This is a complementary portion to the 3:00-4:00 arts classes, and so we encourage you to **allow students to remain for the entire 2 hours.**

### PERFORMANCES

There will be a performance and art show at the end of every semester. Attendance is mandatory for all students. Families and friends are invited to attend.

### CLASSES

**Please use the chart below** to rate the classes based on your level of interest--1 being the class you'd like to take the most and 6 being the class you'd like to take the least.

Your class options are:

Student Name \_\_\_\_\_

CLASS NAME	SELECT
Beginner Guitar, Bass, Rhythm	
Guitar	
Violin/Cello	
Dance	

**CONTACT INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

                    First                                    Middle                                    Last  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ e-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
  Street  City  Zip

Best way to contact you: \_\_\_\_\_

Guardian-Are you employed? If so, where? \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

1. Name of contact \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to student \_\_\_\_\_

2. Name of contact: \_\_\_\_\_

Number: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Student Name \_\_\_\_\_

Is student covered by a health insurance provider?

Yes                       No

If yes, please list provider & policy # \_\_\_\_\_

Local Personal/Family Physician: \_\_\_\_\_

Known allergies to food, insects, drugs: \_\_\_\_\_

Medical problems staff should be aware of: \_\_\_\_\_

Current medications: \_\_\_\_\_

**PARENTS - By signing below, you agreeing to the following:**

- Griot Youth Program also seeks to help students academically and with behavior by keeping up with the progress they make in school. You agree to allow Griot Arts Inc. to receive a copy of your child's report card & behavioral reports for our records
- You agree to grant your permission for your child to appear in Griot Youth Program/Griot Arts Inc. publications and media
- You give Griot Staff permission to pick-up/drop-off your child if you are unable to do so
- You agree to help your child attend the program regularly and support positive behavior

Parent Name (Print Please): \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_



GRIOT  
a r t s i n c

**STUDENT SEMESTER FEE WAIVER & SCHOLARSHIP APPLICATION**

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Please use the space below to indicate the reasons you are requesting a waiver for the semester fee. Include a paragraph explaining the situation, why you value the program for your student & specify how much you would be willing to contribute--any amount is acceptable.

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Please write a thank you note to a donor that we will get to cover the fee.

Dear Griot supporter,

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