

**Sue Fay Healy School of Traditional Irish Dance**  
**Classes Assisted by Professional Dancer Jennifer Healy from Riverdance**  
**PH: 613-225-2106 Fax: 613-692-4420**  
**www.suefayhealy.com**  
**Fall, Winter & Summer 2009/ 2010 Sessions**  
**Registration Form**

Dancer's Name: \_\_\_\_\_  
Birthdate of Dancer (Y/M/D) \_\_\_\_\_

Class(es) \_\_\_\_\_ Day(s) \_\_\_\_\_  
Time(s) \_\_\_\_\_  
HomeAddress: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Prov: \_\_\_\_\_  
Day Time Ph#: \_\_\_\_\_  
EveningPh# \_\_\_\_\_  
Email Address: \_\_\_\_\_  
(Print Clearly) \_\_\_\_\_  
Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Names/relationships of any other family members in the school: \_\_\_\_\_

Feis Level(s): \_\_\_\_\_

\* Please keep us up to date on wins/placing at fesicanna. Email or let the office know of any changes to feis levels\*

**Terms and Conditions**

1. All fees are payable upon registration for the entire fall to spring term on September 8th 2009. Cheques must be post dated (Feb. 1st/2010) and submitted for the 2nd term at this time There is no full refund after the second class has been attended. Fees returned under serious health conditions only. Doctors note will be required. Two classes minimum plus a \$50.00 administration fee will be deducted
2. NSF cheques will be subject to a \$20.00 charge back fee.
3. The school and its instructors are not responsible for any injuries incurred during dance class or on the premises. Dancers are expected to arrive dressed appropriately. 4. No refund will be offered for injuries incurred in or out of dance class.
4. The student and or guardian are responsible for all personal articles.
5. Dancers are to be picked up immediately after class, unless the office has been notified in advance and message has been received. If the child is not picked up at the appropriate time, the school does not accept responsibility for the child's whereabouts.

**FORM MUST BE SIGNED PRIOR TO DANCER ATTENDING FIRST CLASS OF THE SESSION**

Signature of Parent / Legal Guardian: \_\_\_\_\_

Signature of Dancer (18 Years +): \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*All cheques are to be made out to Sue Fay Healy School of Dance \*\***

**For administration use only, do not write in this space**

**Term 1: FALL**

Total Fees Due: \_\_\_\_\_ Cheque / Visa# W expiry Date \_\_\_\_\_

Payment(s) Dated: \_\_\_\_\_

**Term 2: WINTER**

Total Fees Due: \_\_\_\_\_ Cheque / Visa# W expiry Date \_\_\_\_\_

Payment(s) Dated: \_\_\_\_\_

**Term 3: SUMMER**

Class & Level: \_\_\_\_\_

Total Fee Cheque / Visa# \_\_\_\_\_

Number of weeks you will be attending \_\_\_\_\_