

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 2010/ 2011 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: _____

* Please keep us up to date on wins/placing at fesianna. 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 13th 2010. Cheques must be post dated for Feb. 7th/2011 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. 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 _____