



**SFH Irish Dance Studio
Registration Form**

Studio Address: 174 Colonnade Road, Ottawa, Ontario K2E 7J5

PH: 613-883-9230, www.suefayhealy.com.

Qualified Teachers: Sue Fay Healy, Jennifer Healy & Emily Lupiano
(TCRG) (ADCRG)

Dancer's Name: _____

Birth date of Dancer (Y/M/D) _____

Dancer Level _____

Time (s) _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Day Time Ph#: _____

Evening Ph# _____

*Email Address: All SFH newsletters and updates will be sent by email.

(Print Clearly)

Parent(s)/Legal Guardian(s) Name(s) _____

** Please keep us up to date on wins/placing at fesianna by Email. Any level changes are to be made by dance teacher only.

Terms and Conditions

1. All fees are payable upon registration September 8th 2015 for both fall and spring terms. Cheques must be post dated for Feb. 2nd/2016 and submitted for the 2nd term at this time. There is **no refund** after the second class has been attended. Administration fee and 2 classes will be deducted. Dancers not attending 2nd term must inform us in early January. No fee will be charged.

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: _____

Or Dancer (18 Years +): _____ Date: _____

*****All cheques are to be made payable to SFH*****

FOR ADMINISTRATIVE USE ONLY.

TERM 1: FALL – September 8th 2015

Total Fees: _____ Cash/Cheque # _____ Dated: _____

TERM 2: WINTER/SPRING –February 2nd 2016

Total Fees: _____ Cash/Cheque # _____ Dated: _____

TERM 3: SUMMER – July 7th 2015/2016

Class Day/time & Level: _____

Total Fee Cash/Cheque# _____

PLEASE CIRCLE: 7 Weeks OR 9Weeks. Indicate absent class dates:

*****Please note 7 week Option expires May 7th, 2015. No exceptions.**

Mailing address: same as above.