

SFH Irish Dance Studio
174 Colonnade Road, Ottawa, Ontario K2E 7M3
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:** _____
Home Ph # _____ **Cellular Ph.#** _____
***Email Address:** *All SFH newsletters and updates will be sent by email.*
(Print Clearly) _____
Allergies or any disabilities please make sure to let us know.

Terms and Conditions

1. All fees are payable upon registration *September 10th, 2018* for both fall and spring terms. Cheques must be post dated for *Feb. 4th 2019* 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 on time and dressed appropriately in SFH uniform attire. 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.

Competitive dancers: please keep us up to date on wins/placing at fesianna by Email.
Any level changes are to be made by dance teacher only.

PRIVACY CONSENT:

Parent/Dancer gives consent for images and used as a visual that may be incorporated into publications, advertisements, audio-visual presentations and/or Web pages, produced for public information and promotions of the Sue Fay Healy School of Irish Dance programs and services.

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

Signature of Parent / Legal Guardian (18 years+)

Date: _____

FOR ADMINISTRATIVE USE ONLY.

*****Cheques are to be made payable to SFH *****

TERM 1: FALL – September 10th, 2018

Total Fee: _____ **Cash/Cheque #** _____ **Dated:** _____

TERM 2: WINTER/SPRING –February 4th, 2019

Total Fee: _____ **Cash/Cheque #** _____ **Dated:** _____

TERM 3: SUMMER – July 9th, 2019

Class Day/time & Level: _____

Total Fee: _____ **Cash/Cheque #** _____ **Dated:** _____

7 Weeks OR 9Weeks.

****Please note 7-week Option expires May 2nd, 2019. No exceptions****

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