



Please Mail: Shannon Barry 161 Colonial St., West Hartford, CT 06110  
OR Sheila Stevens 2326 Albany Ave, West Hartford, CT 06117

This fall registration form must be accompanied with your Tuition Payment. If you have more than one child, fill out an additional form. The registration form **must be received before August 15<sup>th</sup>** to secure a position in the school. **You can find extra forms on our web site. All classes start the week of September 7, 2008.**

**Class location available:** Canton, West Hartford, Plainville,

Class Location: \_\_\_\_\_ **New** or **Returning** Student  
Please indicate where you will be taking class above (Circle one above)

Day and Time of class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency person & number to contact: (please print) \_\_\_\_\_

Medical issues (asthma, seizures, diabetes, requiring medication) YES or NO If yes, Parent needs to be close by during class:  
\_\_\_\_\_

During the 1<sup>st</sup> semester only, after the 3<sup>rd</sup> week of class the tuition is nonrefundable. If you choose to not continue on or before the 3<sup>rd</sup> class, you will receive money back minus the classes taken.

I agree to abide by all Shamrock School rules and those of the Irish Dance Teachers Association. (the policy booklet is available at [www.shamrockdancestudio.com](http://www.shamrockdancestudio.com) )

Parent Signature: \_\_\_\_\_