



Please Mail: Shannon Barry 161 Colonial St., West Hartford, CT 06110
Sheila Stevens 2326 Albany Ave, West Hartford, CT 06117
Caitriona Johnson mail to Shannon @ West Hartford, address
If you have more than one child, fill out an additional form.

This form with **registration fee of \$30** and tuition must be received by August 25th to secure a position in the class and avoid the late fee of \$15 due after August 25, 2017

Classes start the week of September 11, 2017

Per semester fees: 1 & 1/2 hr class \$290 1 hr class \$200

Class location available: West Hartford, Plainville, Simsbury
(Please circle where you will be taking class above)

New or **Returning** Student: Indicate yrs of dance with Shamrock _____

Day and Time of class: _____

Child's Name: _____ Birth date ___/___/___ Age _____

Address: _____ **E-Mail** _____

Town: _____ Zip Code _____

Phone: (Home) _____ (Cell) _____

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 1st semester only, after the 3rd week of class the tuition is nonrefundable. If you choose to not continue on or before the 3rd class, you will receive money back minus the classes taken and registration fee **Second Semester tuition is due December 31, 2017. After this date there is a \$15 late fee.**

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

YES or NO-- I give permission to the Shamrock School to take photos of my child and use in publications

Print parent name: _____

If new student where did you hear about us? _____

Parent Signature: _____