SHEEAUN ACADEMY
OF IRISH DANCE

CLASS REGISTRATION FORM

STUDENT INFORMATION

NAME(S): _____

_____

D.O.B. (MM/DD/YYYY): _____

_____

LEVEL (BEGINNER, NOVICE, ETC.):

_____

CIRCLE ONE: MALE FEMALE

DO YOU HAVE PREVIOUS IRISH DANCE EXPERIENCE? IF SO, PLEASE INDICATE SCHOOL/TEACHER AND FOR HOW LONG YOU TOOK CLASSES.

_____

_____

DO YOU PARTICIPATE IN ANY OTHER DANCE CLASSES?

_____

DO YOU PLAN TO COMPETE?

_____

PARENT INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE: _____

CELL: _____

WORK: _____

E-MAIL*: _____

***ALL COMMUNICATION IS VIA E-MAIL, PLEASE LET M IF YOU DO NOT CHECK E-MAIL AND PREFER PHONE**

DOES YOUR CHILD HAVE ANY ALLERGIES OR OTHER HEALTH CONCERNS WE SHOULD BE AWARE OF?

_____

_____

_____

HOW DID YOU HEAR OF THE SHEEAUN ACADEMY?

_____

PLEASE BRING THIS REGISTRATION FORM AS WELL AS A SIGNED WAIVER FORM WITH YOU TO YOUI 1ST CLASS. ****YOUR CHILD'S REGISTRATION CANNOT BE PROCESSED & THEY CANNOT BEGIN CLASS WITHOUT THESE FORMS!**

THANK YOU!