

McDonough-Grimes Irish Dance, LLC

Student Registration Form - Fall 2016

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

E-mail: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Would you prefer to receive dated communications from us via email? Yes No

If yes, please provide proper email address: _____

Please advise us of any medical conditions that may affect the student's participation: _____

Agreement for Participation

I understand that dance classes may include, without limitation, dancing, warm-up, stretching, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. **McDonough-Grimes Irish Dance, LLC** is not responsible for personal property.

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Please list the class(es) you wish to enroll in.

Beg. \$60/month – 1 time/wk, Novice \$75/month- 1 time/wk

Sibling Discount= (2/3 regular price for each additional student)

***I'm aware that I may be included in posts on the McDonough-Grimes social media and posts related to the school and I give my permission. **If discontinuing classes, I will give notice in writing and will remit any remaining balance on my account for that month.**

Level	Age of dancer	Day	Tuition Due on (1 st of Month)
			\$

SUB-TOTAL: \$ _____

Registration Fee: \$ -Waived-

TOTAL: \$ _____

**MCDONOUGH-GRIMES IRISH DANCE
97 NEW ROCHESTER RD
DOVER, NH 03820**