

Sean Eireann McMahon Academy of Irish Dance

Registration Form (to be completed for every child)

Principle Teachers: Rosemary Ellis TCRG, ADCRG
Gordon McMahon TCRG

Pupil Details

Surname:		Christian Name:	
Date of Birth:		Age:	

Telephone Contact

Home Phone No:		Mobile No:	
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Emergency Contact

Name:		Telephone No:	
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Parent Details

Surname:		Christian Name:	
Home Address:		Mobile No:	
		Work Phone No:	
		Postcode:	
Email Address:			

Any relevant medical history:

(Continue on reverse of form if necessary)

PLEASE READ VERY CAREFULLY

I/we agree to pay for my child's dance fees monthly at the first Saturday class of the calendar month. I/we understand that failure to do so will result in my child being unable to attend dance class.

NB: The Academy does not provide personal/dancing insurance. You should make your own arrangement should this be required.

Signature:

Date:

Payment accepted by cash or cheques payable to: Sean Eireann McMahon