



Please mail to: Shannon Barry 161 Colonial St. West Hartford, CT 06110,
check payable to Shamrock School

***Simsbury Classes** mail registration to Sheila Stevens 2326 Albany Ave. West Hartford, CT
06117 **check payable to Julia Stevens**

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 Sept 2nd to
secure a position in the class and registration received after August 24th will incur is a \$15 late
fee

Classes start the week Sept 12 2016

Per semester fees: 1 hr class \$200 1 ½ hr class \$290

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, 2015. 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: _____