

Inis Cairde
School of Irish Dance
2011-2012 School Year
New Student Registration
Form

Name: _____
 Street Address: _____
 City: _____ Zip: _____
 Parents Names _____
 Phone (H): _____ (cell) _____
 Date of Birth: _____ Age: _____
 Family Email _____
 In case of emergency, please contact:
 _____ Phone: _____
 Relationship to dancer: _____

Does your dancer have any medical condition that we should know about? Medical information is kept strictly confidential.

Have you ever studied Irish Dancing with another TCRG, or certified teacher? If so, please list the teacher, location, and last day of class with him/her.

Class	Day	Location
<input type="checkbox"/> Creative Movement	Mon, 1:00-1:30pm	Raleigh
<input type="checkbox"/> Pre-Irish	Mon, 1:30-2:00pm	Raleigh
<input type="checkbox"/> Pre-Irish	Wed, 4:30-5:00pm	Raleigh
<input type="checkbox"/> Mini-Beginning	Mon, 3:30-4:15pm	Raleigh
<input type="checkbox"/> Mini-Beginning	Wed, 4:30-5:15pm	Cary
<input type="checkbox"/> Mini-Beginning	Thurs, 4:45-5:30pm	Raleigh
<input type="checkbox"/> Mini-Beginning	Thurs, 4:15-5:00pm	Durham
<input type="checkbox"/> Mini-Beginning	Sat, 9:15-10:00am	Raleigh
<input type="checkbox"/> Mini-Begin II	Wed, 5:00-5:45pm	Raleigh
<input type="checkbox"/> Beginning	Mon, 2:00-3:00pm	Raleigh
<input type="checkbox"/> Beginning	Mon, 4:30-5:30pm	Raleigh
<input type="checkbox"/> Beginning	Wed, 5:00-6:00pm	Raleigh
<input type="checkbox"/> Beginning	Wed, 5:15-6:15pm	Cary
<input type="checkbox"/> Beginning	Thurs, 5:30-6:30pm	Raleigh
<input type="checkbox"/> Beginning	Thurs, 5:00-6:00pm	Durham



Parent Checklist

- I have enclosed my \$30 registration fee per dancer (\$60 family maximum) with either my first monthly tuition installment or my first 20-week tuition installment, made payable to "Inis Cairde, Inc."
- I have read the enclosed sheet of school policies, understand them, and agree to abide by them.
- I understand that Irish dancing is a physical activity that could result in injury, and hereby release Inis Cairde, Inc, and all of its teachers, Infuzion, and the Kildaire Farms Racquet Club from responsibility for injury. I authorize the use of my or my child's photograph for advertising purposes.

Signature: _____

Date: _____

Finally, how did you hear about us?

- Carolina Parent
- Internet/Website
- Facebook
- Performance: (where?) _____
- Friend: (who?) _____
- Other: (what?) _____

Please send this form with your registration fee and first tuition installment to:

Inis Cairde School of Irish Dance
6166A Falls of Neuse Rd.
Raleigh, NC 27609