

Emma Scallan School of Irish Dance

Registration Form

Principal Teacher – Emma Scallan

Pupil Details

Surname		Forename	
Date of Birth		Age	

Telephone

Mobile No.		Home No.	
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Emergency Contact

Name		Mobile No.	
		Home No.	

Parent Detail

Forename		Surname	
Home Address:		Mobile No.	
		Home No.	
		Work No.	
Post Code			
Email Address			

Any Medical History (Continue on reverse of form if necessary)

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Please Read

I/We agree to pay my child's dance fees per term by the date at which the bill states.
Bill dates run per school terms and are handed out 2 weeks before they are due.
I understand that failure to pay by this given date may result in my child's placement being forfeited and so will no longer be able to attend class.

Signature Printed Full Name

Date

Payments accepted by Cash or Cheque made payable to 'Emma Scallan' or 'Emma Scallan School of Irish Dance'