

MCLOUGHLIN SCHOOL OF IRISH DANCING

Patsy McLoughlin, ADCRG, TCRG 201-641-5132, 42 Seventh Street, Ridgefield Park, NJ 07660

WWW.MCLOUGHLINSCHOOL.COM

Please fill out one of the registration forms enclosed with your class location choice and forward it, along with the non-refundable **\$80.00 per family yearly registration fee**. If you wish, you may take advantage of a **reduced rate early registration/activity fee** by bringing the form back to class or mailing the form and a **70.00 (\$10.00 discount)** registration/activity fee to the address above, postmarked no later than June 20th. It is important that all questions on the form be answered (please print) and that the form be signed by the parent or guardian. Please use only one form per family. Registration forms may also be copied if you need more.

I wish to enroll the following dancer(s) for the **2021-2022** school year. LOCATION_____

I am enrolling for: _____one class per week _____two classes per week _____championship level classes

DANCER 1 NAME: _____ DATE OF BIRTH: _____

DANCER 2 NAME: _____ DATE OF BIRTH: _____

DANCER 3 NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AREA CODE & HOME PHONE #: _____ CELL PHONE #: _____

WE ARE PAPERLESS, SO PLEASE PROVIDE YOUR CORRECT EMAIL WHERE YOU WISH TO GET ALL IMPORTANT CLASS INFORMATION. INDICATE, PLEASE, IF YOU DO NOT HAVE AN EMAIL OR ACCESS TO A COMPUTER TO READ OUR MONTHLY NEWSLETTER ONLINE.

EMAIL ADDRESS: **(PLEASE PRINT LEGIBLY)** _____

Please state any medical condition/medications your child has that you would like us to be aware of or any other information you feel is important for us to best assist your child: _____

HAVE YOU TAKEN ANY IRISH DANCE LESSONS PREVIOUSLY WITH ANOTHER DANCING SCHOOL?:

_____Y _____N

IF YES, STATE SCHOOL & TEACHER NAME.: _____

I agree to abide by the terms spelled out herein and in the registration letter. I understand that being offered a monthly payment plan is a courtesy extended to me and that I am responsible for all payments from September, 2021, **through and including** June, 2022, **whether I attend class or not***. This represents a total of ten monthly payments, each due the first week of the month. A non-refundable registration fee of **\$80.00 per family (\$70.00 if returned to class or postmarked by June 20th)** is enclosed with this registration form. If I choose to pay the year tuition in two installments as outlined in the newsletter, I understand that I may apply a \$25.00 discount to my total tuition in my 2nd payment, due the 1st week of February, 2022. **ALL FEES ARE NON-REFUNDABLE. Late fees as explained on page 1 will be enforced.**

Parents should be aware that dancing is considered to be an athletic activity and inherent to this, various injuries such as, but not limited to, sprains, breaks, muscle pulls, blistering, etc. may occur.

SIGNATURE OF PARENT OR GUARDIAN: _____

PRINT PARENT NAME: _____ DATE: _____

MAKE CHECK OUT TO "MCLOUGHLIN SCHOOL OF IRISH DANCING" FOR REGISTRATION FEE ONLY
AMOUNT ENCLOSED:\$ _____ (\$80/\$70 FOR EARLY REG.)

******1ST MONTH FEE IS DUE IN CASH OR A CHECK (\$10 ADDT'L) MADE OUT TO "CASH" or THE TEACHER OF THAT PARTICULAR CLASS.******