

BURKE SCHOOL OF IRISH DANCE

2009/2010 – REGISTRATION FORM

Fee for Registration is payable to **Theresa Burke**

Mailing Address: **Theresa Burke – 407 Stonehedge Drive – Elyria, OH 44035**

**REGISTRATION \$50.00 PER FAMILY**

FAMILY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

STUDENT (S): (If registered this past year, also list current Class Group: Pre-Beginner, Beginner, Group A, Group B, Group C, Group D, Group E, Group F. If registering a student for the first time leave the “group” category blank)

Name: \_\_\_\_\_ Group \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day/month) \_\_\_\_\_ (year)

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In order to properly notify you in case of emergency cancellation etc., please complete the following information – and notify me of any change of phone numbers and/or address.

**Please include your cell phone and email address(s) you would like to receive information at:**

Guardian Information:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Email: \_\_\_\_\_

Student Cell: \_\_\_\_\_

\*Student Email: \_\_\_\_\_

**\* List any/all emails that you would like Burke information sent to (example: a work and a home email)**

Please list any sports/gymnastics/ other dance that your child participates in during the year:  
(Name of activity – Season of the Year – Days)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_ PAID

\_\_\_\_\_ NOT PAID

Check no. \_\_\_\_\_

CASH Y N