

# \_\_\_\_\_  
\$ \_\_\_\_\_  
Date \_\_\_\_\_

For Office Use Only

**Ardán Academy of Irish Dance**  
9015 Iowa St. Livonia, MI 48150; ph.734-762-0997

Location/Locations \_\_\_\_\_  
(Entered by Teacher)

Please fill out form completely and bring with you the first day of class. Payment is also due the first class of each month. Payment is 11 payments of \$75.00 due at the beginning of each month. **There is a \$55.00 registration fee for all beginners and a \$45.00 fee for returning dancers due on the first day of class.**

**REGISTRATION FORM**  
(Please Print)

Student's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Enrollment Date (mo/yr): \_\_\_\_\_

Any Additional Information \_\_\_\_\_

At times AAID will publish a picture of a dancer in an advertisement, the newsletter, or on the school's website. Please check this box if you **would not** like AAID to publish your/your child's photo anywhere

**PLEASE MAKE ALL CHECKS PAYABLE TO AAID. PLEASE WRITE YOUR CLASS LOCATION AND STUDENT'S NAME IN THE MEMO AREA OF EACH CHECK.**

**I authorize any agent of the Ardán Academy of Irish Dance to seek emergency treatment for my child in cases of medical emergency.**

Parent's Signature: \_\_\_\_\_