

RIVER CITY SCHOOL OF IRISH DANCE
INTRO TO IRISH DANCE
Registration Form



Child Full Name: _____

Date of Birth: _____

T-Shirt Size: _____

Allergies: _____

Medications: _____

Parent Contact Info: _____

Other: _____

Parent Signature: _____ **Date:** _____

** By signing this you entrust your child to our (Nicole Nienaber and Katie Bleakney) care

Please e-transfer payment to rcsidteachers@gmail.com (password: rivercity) by August 18, 2019

** please note that your child's spot is not confirmed until payment has been received

Instructor use only:

Paid ☐ yes ☐ no