

Easy 6-Step Registration!

WISCONSIN – FALL 2006 NEW STUDENT REGISTRATION



Step 1) CONTACT INFORMATION:

FAMILY NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 HOME PHONE:(____) _____

Step 2) PARENT INFORMATION:

PARENT NAME: _____ WORK #: (____) _____ CELL #:(____) _____
 PLACE OF BUSINESS: _____
 EMAIL ADDRESS: _____ (Time-sensitive information will be sent to this address)
 PARENT NAME: _____ WORK #: (____) _____ CELL #:(____) _____
 PLACE OF BUSINESS: _____
 EMAIL ADDRESS: _____ (For time-sensitive information & our weekly newsletter)
 BEST NUMBER (to reach parent for last minute issues/emergencies) (____) _____

Optional: Additional guardian or financial supporter who needs to be included in billings, mailings or emails:

NAME: _____ RELATION: _____ HOME #: _____
 WORK #: (____) _____ CELL #: (____) _____
 BILLING ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL ADDRESS: _____ (For time-sensitive information & our weekly newsletter)
 CONTACT SHOULD RECEIVE REGULAR SCHOOL MAILINGS: _____ YES _____ NO

Step 3) CLASS INFORMATION:

Classes will be filled on a first come, first served basis. *If your first choice is not available due to class numbers not being met, we will call you to make a second choice.

Please CIRCLE which LOCATION, DAY and CLASS TIME your child would like to attend:

Thursdays	*CEDARBURG RIVER PROGRAM	Northshore Academy of the Arts (Grafton) 3:45.-4:30 p.m.
Thursdays	*CEDARBURG COUNTY PROGRAM	Northshore Academy of the Arts (Grafton) 4:30.-5:30 p.m.
Thursdays	*CEDARBURG COUNTY PROGRAM	Northshore Academy of the Arts (Grafton) 5:30.-6:30 p.m.
*Thursdays	*CEDARBURG COUNTY (Donegal/Galway) PROGRAM	Northshore Academy of the Arts (Grafton) 6:30-7:45 p.m
		*selected Dancers ONLY
Tuesdays	*KENOSHA RIVER PROGRAM	Location TBA 3:15-4 p.m.
Tuesdays	*KENOSHA COUNTY PROGRAM	Location: TBA 4-5 p.m.
Tuesday	MADISON RIVER PROGRAM	MAC Sport Center 4:30-5:15 p.m.
Tuesday	MADISON COUNTY PROGRAM	MAC Sport Center 5:45-6:45 p.m.
Sunday	MILWAUKEE COUNTY PROGRAM	Trinity Studios 1:15-2:15 p.m.
Wednesday	MILWAUKEE RIVER PROGRAM	Trinity Studios 3:45-4:30 p.m.
Wednesday	MILWAUKEE COUNTY PROGRAM	Trinity Studios 5:45-6:45 p.m.
Mondays	*OCONOMOWOC RIVER PROGRAM	Location: TBA 3:15-4 p.m.
Mondays	*OCONOMOWOC COUNTY PROGRAM	Location: TBA 4-5 p.m.
Mondays	*MENOMONEE FALLS COUNTY PROGRAM	Location TBA 6:30-7:30 p.m.
Monday	WAUKESHA RIVER PROGRAM	Couri Professional Building 3:45-4:30 p.m.
Monday	WAUKESHA COUNTY PROGRAM	Couri Professional Building 5:45-6:45 p.m.
Tuesdays	*WHITEFISH BAY COUNTY PROGRAM	Lydell Elementary School 6:30-7:30 p.m.

Steps 4-6 Continued on Reverse Side >>>



Step 4) *STUDENT INFORMATION:

If your dancer is transferring from another Irish Dance School please list that school: _____

STUDENT NAME: _____
 DATE OF BIRTH: ____/____/____ GENDER: (Check one) ___M ___F
 LOCATION, DAY & TIME: _____
 ACADEMIC SCHOOL ATTENDED: _____

STUDENT NAME: _____
 DATE OF BIRTH: ____/____/____ GENDER: (Check one) ___M ___F
 LOCATION, DAY & TIME: _____
 ACADEMIC SCHOOL ATTENDED: _____

STUDENT NAME: _____
 DATE OF BIRTH: ____/____/____ GENDER: (Check one) ___M ___F
 LOCATION, DAY & TIME: _____
 ACADEMIC SCHOOL ATTENDED: _____

*To promote student/teacher communication among our oldest dancers, please provide us with a cell number or email address of dancers 13-years-old and older, so they can be *copied* and contacted on all pertinent information.

STUDENT EMAIL: _____

STUDENT CELL: _____

(If 13 years or older)

Step 5) SECURE YOUR REGISTRATION:

COMPLETE THIS FORM and INCLUDE A \$50 REGISTRATION FEE: Note: This amount is not part of the Trinity Booster Club dues. This fee is non-refundable. Exception: Your dancer is not placed in a Trinity Academy class. In this case you may apply for a refund.

- **MAIL TO:** Trinity Academy, Fall 2006 New Student Registration, 2936 N. Southport, 3rd floor, Chicago, IL 60657.
- **FAX with Credit Card Info to:** Priority Registration, 773-524-2419.

Method of Payment: _____ Check Number _____ Visa _____ MasterCard _____
 (Payable to: Trinity Booster Club)

Card Number: _____ Expiration Date: _____
 Name on Card: _____ Total Charge Amount: _____
 Signature (as appears on card): _____ Date: _____

A confirmation email will be sent out once your registration is received.

Step 6) Welcome! We look forward to seeing you at our first day of class. Would you please take one more minute of time to let us know how you heard about Trinity Academy of Irish Dance?

What current Trinity family referred you? _____
 _____ Ad in local newspaper
 _____ A Trinity performance
 _____ Website
 ___ Other (please indicate) _____

Did you receive the information on our dance school in a timely manner? _____.

Were all of your questions answered? _____

We are honored that you chose Trinity. What was the deciding factor?

Don't forget to fill out the attached Tuition Agreement Form!

For Office Use Only:

Registration: \$ _____ Ck# _____ QB: _____ DB: _____ Email: _____ Folder: _____