



CLARKSON SCHOOL OF IRISH DANCE

14353 Manchester Rd.
St. Louis, MO 63011
www.clarksonschool.com
(314) 560-3261

Annual Registration Form

Please remit completed form to:
Clarkson School of Irish Dance
14353 Manchester Rd,
St. Louis, MO 63011

Contact Information

Dancer Name: _____ Date of Birth: _____

Parents'/Guardians' Names: _____ Gender: M F

Address: _____ City, State, Zip: _____

Mother's Occupation: _____ Father's Occupation: _____

Phone: (_____) _____ Email Address: _____

How did you hear about Clarkson School of Irish Dance?

- Referral
 Newspaper Article
 Clarkson Website
 Poster/Flyer
 Social Media
 Clarkson Performance (which one?): _____
 Other: _____

Emergency Contact Information:

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Best person to contact for last minute issues/emergencies: _____ Emergency Contact Phone: _____

Dancer's Physician Information:

Physician's Name: _____ Office Phone: _____

Address: _____ Emergency Phone: _____

Optional Contact Information (optional: additional guardian or financial supporter who needs to be included in billings, mailings or emails):

Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

In addition to parents, should the contact receive regular Clarkson school emails?: Y N

Preferred Class Night, Location(s) & Frequency: Please indicate 1st, 2nd, and 3rd choice. If you dance on multiple nights, please place an **M** in the preferred nights. Indicate one day of conflict: _____

Indicate the # of classes/week you anticipate: 1x/week 2x/week 3x/week > than 3x/week

Manchester Dance Studio (classes held throughout the year)

- Mon Tues Wed
 Thur Sat
 Oireachtas/Nationals/Worlds

St. Peters (when available)

- Tuesday

