

Print Legibly. Registration form is per dancer

Rebecca McCarthy School Dance
2026-2027

Today's Date: _____ How did you hear about us? _____

New RMSD Dancer Y N

Anything we need to know about your dancer?

Dancer's Name: _____
(Last) (First) (Birth Date) (Age)

Parents Name: _____
(Last) (First)

E-mail Address: _____

Address: _____
(Street) (City) (State) (Zip)

(Parent Cell Phone)

(Parent Work Phone)

Emergency Contact: _____
(Name) (Phone)

Class Name	Class Day	Class Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Checks made payable to: RMSD Venmo: @Rebecca McCarthy Schultz

Office Use Only Session I:

Date	Amount	# of classes	VENMO	CC#	Ex date	Debit	Check #	other

Office Use Only: Session II

Date	Amount	# of classes	VENMO	CC#	Ex date	Debit	Check #	other

Office Use Only: Session III

Date	Amount	# of classes	VENMO	CC#	Ex date	Debit	Check#	other

Registration Fee

RMSD T-Shirt Fee \$35

St. Patrick's Fee

--	--	--