

American Dance Institute

2009-2010 Children's Program

Pre Ballet Ages 3-7

September 8, 2009- June 5, 2010

10% Tuition Discount for all registrations submitted with deposit or paid in full by June 6, 2009

Age 3

Pre Ballet 3A M 11:00a - 12:00p \$325

Session 1 September 8-December 14, 2009

Session 2 January 4-May 24, 2010

Age 4

Pre Ballet 4A M 4:15p - 5:00p \$650

Pre Ballet 4B Tu 4:15p-5:00 p \$650

Pre Ballet 4C W 5:00p-5:45p \$650

Age 5

Pre Ballet 5A M 5:00p-6:00p \$725

Pre Ballet 5B W 4:00p-5:00p \$725

Pre Ballet 5C Sa 9:00a-10:00a \$725

Age 6

Pre Ballet 6A Thu 4:00p-5:00p \$725

Pre Ballet 6B F 4:15p-5:15p \$725

Pre Ballet 6C Sa 11:00a-12:00p \$725

Age 7

Pre Ballet 7A Tu 5:00p - 6:00p \$750

Pre Ballet 7B Thu 5:00p-6:00p \$750

Pre Ballet 7C Sa 10:00a-11:00p \$750



American Dance Institute is a 501(c)(3) non-profit educational institution.

American Dance Institute 1570 E. Jefferson St. Rockville, MD. 20852 T: 301 984 3003 F: 301 468 5841

www.americandance.org



CHILD AND PARENT INFORMATION

* Registration confirmation, newsletters and notices will be sent via email only

Child's Name _____

Date of Birth _____ Grade as of 09/09 _____

Academic School _____

Parents'/Guardian Names _____

* Parent/Guardian E-Mail 1 _____

* Parent/Guardian E-Mail 2 _____

Home Address _____

City/State/Zip _____

Home Phone _____

Mother's Cell/Work _____

Father's Cell/Work _____

CLASS REGISTRATION: _____

Class 1 Name _____ \$ _____

Day(s)/Time _____ Tuition _____

Sibling Enrollment: A discount is applied after the first child; 10% off each lesser tuition

\$ _____ **Total Tuition**

TUITION AGREEMENT: I agree to pay the total tuition for the entire term regardless of payment option selected.



Parent/Guardian Agreement Signature & Date _____

**Registration Form
2009 – 2010
Pre Ballet Ages 3-7**

Mail to: American Dance Institute
1570 East Jefferson Street
Rockville, MD 20852
Or fax to: 301.468.5841

**TUITION IS NON-REFUNDABLE
Visit www.americandance.org
for policy information**

A 10% non-refundable deposit per class is required at the time of registration to reserve your child's place in the class. Deposit will be applied toward your child's tuition. The balance of the tuition is due by September 1, 2009 unless the payment plan listed below is selected.

2-PAYMENT AUTO DEBIT PLAN: (No Processing Fee)
Payment Dates: 9/21/08 & 1/18/09
(Does not apply to Pre-Ballet 3)

I authorize American Dance Institute to automatically charge my credit card for the amount due on each payment date.

PAYMENT AT REGISTRATION: \$ _____

- Deposit Full Payment
- Check enclosed (no cash) Visa MC

RETURNED CHECK FEE:

There will be a \$35 fee for all returned checks

**CREDIT CARD INFORMATION
For Registration Deposit & Auto Debit Plan**

Cardholder Name _____

Card Number _____

Expiration _____



Cardholder Signature _____

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EMERGENCY INFORMATION AND WAIVERS:

Name/ Number to Call in Case of Emergency _____

Specify any medical conditions:

- Medical Allergies _____
- Food Allergies _____
- Epilepsy _____
- Other (explain below) _____

List all Medications being taken: _____

PARENT CONSENT:

Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize the American Dance Institute ("ADI") to administer first aid and/or emergency treatment for my child on my behalf. I further release ADI from all liabilities for injuries or damages arising out of personal injury of any kind. It is my responsibility to pick my child up promptly at the end of class.

INSTRUCTION AND CONTACT CONSENT:

The training received at the American Dance Institute ("ADI") incorporates teaching methods used around the world. I understand that in order to provide my child with quality instruction, the instructors and assistants at ADI will have hands on contact with my child. This vital component aids in learning proper body alignment, turn-out, and placement. I give my permission for this instructional contact to be made as part of my child's training. If this contact is uncomfortable for my child or myself, I will immediately advise ADI. It is my responsibility to observe my child's instruction and to report any concerns immediately.



Parent/Guardian Consent Signature & Date _____

PHOTO RELEASE:

As my child, a minor, is a student of the American Dance Institute ("ADI") and as I am acting as the legal guardian or representative of the minor, I hereby give ADI the absolute and irrevocable right and permission:
• To copyright in ADI's own name, or any other name that ADI may choose, the photographs taken of the minor or in which the minor may be included with others.
• To use, re-use, publish and re-publish these photographs in whole or in part, in original or altered form, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion and advertising and trade, and
• To use the minor's name in connection therewith if ADI so chooses.
I hereby release and discharge ADI from any and all claims and demands arising out of, or in connection with, the use of the photographs, including any and all claims for libel. This authorization and release shall also endure to the benefit of the legal representatives, licensees and assigns of ADI, as well as to the person(s) for whom he/she made the photographs.
I have read this release form and fully understand its contents.

- Agree Disagree

Parent/Guardian Release Signature & Date _____

Legal Role (parent, guardian, etc.) _____

I heard about ADI: Friend Web Gazette Phone Book School Flyer Other _____