

**ACADEMY OF DANCE ARTS**  
*Official School of Greater Lansing Ballet Company*  
 Barbara Banasikowski Smith, Director  
 2224 E. Michigan Ave. Lansing, MI 48912  
 517.372.9887

**REGISTRATION FORM - FALL 2009** (Sept. 8 - Dec. 9)

NAME \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ PARENT/ADULT STUDENT  
 Under 18 Parent CELL \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Class(es)	Day of Week	Time	Tuition/Multi-Discount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**TOTAL**

TUITION PAYMENT MUST BE UP TO DATE TO CONTINUE TAKING CLASSES

Family Discounts \_\_\_\_\_  
**TOTAL**

Payment Date	Amount Paid	Late Fee	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, THE UNDERSIGNED **UNDERSTAND THAT I AM MAKING A COMMITMENT** BY ENROLLING FOR THE FALL 2009, Sept. 8 - Dec. 9 AND AM FINANCIALLY OBLIGATED FOR THE ENROLLED CLASSES.

I UNDERSTND THAT TUITION FEES ARE NON-REFUNDABLE EXCEPT IN THE CASE OF SERIOUS INJURY OR ILLNESS. A DOCTOR'S NOTE IS REQUIRED AS VERIFICATION.

I UNDERSTAND THAT THE DIRECTOR HAS THE RIGHT TO TERMINATE THE STUDENTS ENROLLMENT AT ANY TIME WITH JUST CAUSE.

I GIVE PERMISSION TO THE DIRECTOR OF THE ACADEMY OF DANCE ARTS TO USE PHOTOGRAPHS TAKEN IN CLASS FOR PUBLICIZING THE SCHOOL.

FIRST PAYMENT IS DUE AT THE TIME OF REGISTRATION AS DEADLINE STATES.

**A LATE FEE WILL BE ASSESSED ON TUITION PAYMENTS WHICH ARE LATE**

(\$1-\$200) \$15 (\$201-\$400) \$20 (\$400 and above) \$25

**MUST BE SIGNED**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_