

Dance Institute of The University of Akron

Akron, Ohio 44325-2502 330-972-7949

LEVEL _____

TAP _____

REGISTRATION FOR CURRENT STUDENTS

Name _____ Date _____

Age as of 9/1 _____ Birth date (month, date, year) _____

Academic School _____ Grade in fall _____

Parent(s) Name(s) _____ email _____

Address _____

City _____ State _____ Zip _____

Phone:	Parent _____	Parent _____	Student _____
	(Home) _____	_____	
	(Work) _____	_____	
	(Cell) _____	_____	

Emergency Name/Number(s) _____

To reserve a place in class, return this form with the first tuition installment in the amount of \$ _____ .

Note of Financial Responsibility

As a parent/guardian of _____, a minor,
I assume full responsibility for payment of tuition to the Dance Institute of
The University of Akron in the amount of \$ _____, which is the
tuition for the _____ class level.

I agree to pay this tuition as follows:

_____ one payment of _____

_____ two payments of (for tap and pre-ballet) _____

_____ three payments, according to the semester payment plan, of _____

Signature _____

IF PARENT IS EMPLOYED AT THE UNIVERSITY OF AKRON:

DEPT. _____ MAIL ZIP _____ EXT. _____