

# Dance Institute of The University of Akron

Akron, Ohio 44325-2502

330-972-7949

LEVEL \_\_\_\_\_

TAP \_\_\_\_\_

## REGISTRATION for NEW STUDENTS

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Academic School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Email(s) please print clearly \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Name/Number(s) \_\_\_\_\_

School(s) of previous training \_\_\_\_\_

Years of previous training \_\_\_\_\_ Years of Pointe \_\_\_\_\_ Hours of training per week \_\_\_\_\_

Have you ever attended Dance Institute? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, the date of the last session? \_\_\_\_\_ What level were you in? \_\_\_\_\_

**REGISTRATION FEE: \$10.00** (with first registration only, all levels)

method of payment \_\_\_\_\_

**AUDITION FEE: \$17.00** (only for those with previous ballet training)

method of payment \_\_\_\_\_

**TUITION: See level information sheets. To reserve a place in class, return this form with the first tuition installment in the amount of \$ \_\_\_\_\_ .**

**NOTE: Make all checks payable to Dance Institute.**

Cash, Check, and Credit Cards (Visa, MC, Discover) are accepted.

If parent is employed at The University of Akron:

DEPT. \_\_\_\_\_ MAIL ZIP \_\_\_\_\_ EXT. \_\_\_\_\_

# 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 tuition according to the semester payment schedule as follows:

\_\_\_\_\_ one payment

\_\_\_\_\_ two payments\* of (for tap and pre-ballet only) \_\_\_\_\_

\_\_\_\_\_ three payments\* of \_\_\_\_\_

PLEASE NOTE: Only in cases of extended illness or injury, and upon receipt of a letter from the student's doctor, will a tuition credit be given or a refund made, which ever is mutually agreed upon between the parent and Dance Institute. In the case of a refund, there is a \$25 processing fee.

Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Relationship to student \_\_\_\_\_

If billing address is different than on the front of this paper:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_