

# Dance Institute of The University of Akron

Akron, Ohio 44325-1005 330-972-7949

## SUMMER REGISTRATION for New Students

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

Age as of 7/1 \_\_\_\_\_ Birth date (month, date, year) \_\_\_\_\_

Academic School \_\_\_\_\_ Grade in fall \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Student: \_\_\_\_\_

Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

email \_\_\_\_\_ email \_\_\_\_\_ email \_\_\_\_\_

Dance School(s) of previous training, listing the current school first:

\_\_\_\_\_  
\_\_\_\_\_

Years of previous training \_\_\_\_\_ Years of Pointe \_\_\_\_\_

Number of ballet training per week (1.5 or 1 hr) \_\_\_\_\_

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

If yes, what was the date of the last session? \_\_\_\_\_

What level were you in? \_\_\_\_\_

If no, REGISTRATION FEE: \$10.00 ck # \_\_\_\_\_ cash receipt # \_\_\_\_\_  
(with first registration only, all levels)

TUITION: (Make all checks payable to Dance Institute)

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

Note: Cash, Checks, VISA, MasterCard, and Discovery Card are accepted.

IF PARENT IS EMPLOYED AT THE UNIVERSITY OF AKRON:

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

LEVEL \_\_\_\_\_ CIRCLE WEEKS ATTENDING: #1 #2 #3 #4 ALL 4

# 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

\_\_\_\_\_ two payments (according to schedule) of \$ \_\_\_\_\_

\_\_\_\_\_ three payments (according to schedule) 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 \_\_\_\_\_

You are registering for the March 23, 2002 audition. The class begins at 9:30 a.m., so please arrive by 9:15 a.m. and be in classical attire of black leotard, pink tights and pink ballet shoes. If you have had pointe instruction, bring your pointe shoes with you. Hair should be in a neat bun.

Note: Please bring a body shot of yourself in a classical position for our file.

A placement audition/registration form is enclosed; fill it out and return it with a \$17 check made payable to Dance Institute in order to complete your registration and secure a place at the audition.

You are registering for the March 23, 2002 audition. The class begins at 9:30 a.m., so please arrive by 9:15 a.m. and be in classical attire of black leotard, pink tights and pink ballet shoes. If you have had pointe instruction, bring your pointe shoes with you. Hair should be in a neat bun.

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**Parent** \_\_\_\_\_

**Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

**email** \_\_\_\_\_

