



REGISTRATION FORM | NEW STUDENT

DATE.....

STUDENT'S NAME.....

ADDRESS.....

CITY | STATE | ZIP.....

HOME PHONE.....

BIRTH DATE..... AGE.....

ACADEMIC SCHOOL | GRADE.....

PARENTS' INFORMATION

MOTHER..... PLACE OF EMPLOYMENT.....

WORK PHONE..... CELL PHONE.....

E-MAIL.....

FATHER..... PLACE OF EMPLOYMENT.....

WORK PHONE..... CELL PHONE.....

E-MAIL.....

IN CASE OF EMERGENCY (OTHER THAN PARENTS)

NAME AND RELATIONSHIP.....

HOME PHONE..... CELL PHONE..... WORK PHONE.....

NAMES OF PREVIOUS DANCE SCHOOLS.....

NUMBER OFF YEARS | IN BALLET..... ON POINTE..... IN JAZZ..... IN TAP..... IN GYMNASTICS.....

LIST STUDENT'S MEDICAL CONDITIONS, IF ANY (ASTHMA, ALLERGIES, DYSLEXIA, ETC)

PARENTS' INVOLVEMENT | IS PARENT CURRENTLY A BOARD MEMBER, SEASON SUBSCRIBER OR VOLUNTEER?

ARE YOU INTERESTED IN CARPOOLING  YES  NO

WOULD YOU LIKE TO BE INCLUDED IN THE ANNUAL 'THE DANCE CENTER OF OKLAHOMA CITY BALLET' DIRECTORY?  YES  NO

OFFICE USE ONLY

PLACEMENT CLASS DATE & DIVISION

DATE PLACED

DEPOSIT

RETURN COMPLETED FORM TO

The Dance Center of Oklahoma City Ballet

7421 North Classen • Oklahoma City, OK 73116 • 405.843.9898 • www.okcballet.com