



REGISTRATION FORM | RETURNING 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.....

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