

**BUFFALO CITY BALLET  
2007 REGISTRATION FORM**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please fill out all information

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MOTHER/FATHER NAME: \_\_\_\_\_

TELEPHONE IN CASE OF EMERGENCY: \_\_\_\_\_

CLIENT INFORMATION

FILL IN CORRECT NUMBER

SEX: \_\_\_\_\_ 1. MALE 2. FEMALE

CLIENT ETHNICITY 1. WHITE 2. BLACK 3. HISPANIC

\_\_\_\_\_ 4. ASIAN 5. AMERICAN INDIAN 6. OTHER

HOUSEHOLD INFORMATION 1. BOTH NATURAL PARENTS  
2. ONE MALE PARENT  
3. ONE FEMALE PARENT  
4. NAT. PARENTS & STEP PARENT / UNMARRIED  
5. FOSTER/ADOPTIVE  
6. GROUP CARE FACILITY  
7. LIVE INDEPENDENLY

FAMILY INCOME: \_\_\_\_\_

NUMBER OF INDIVIDUAL IN HOUSEHOLD: \_\_\_\_\_

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