

**BUFFALO CITY BALLET**

2009 REGISTRATION FORM

DATE \_\_\_/\_\_\_/\_\_\_

Please fill out all information

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

D.O.B. : \_\_\_/\_\_\_/\_\_\_ MALE / FEMALE

Telephone \_\_\_ - \_\_\_ - \_\_\_\_\_ / Emergency Telephone \_\_\_ - \_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Alt. Email \_\_\_\_\_

Mother Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Ethicity: African American \_\_\_\_\_ / White \_\_\_\_\_ / Hispanic \_\_\_\_\_

Asian \_\_\_\_\_ / American Indian \_\_\_\_\_ / Mix or other \_\_\_\_\_

Household Information:

- 1. Both Natural Parents
- 2. One Male Parent
- 3. One Female Parent
- 4. Natural Parents & Step Parent / Unmarried
- 5. Foster / Adoptive
- 6. Group Care Facility
- 7. Live Independently

Family Income: \$ \_\_\_\_\_ yearly

Unemployed \_\_\_\_\_ Full Time Student \_\_\_\_\_

Registration Fee: \$25.00 \_\_\_\_\_ paid / Unpaid \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Any medical history need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Signature Of Parent/student

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