

columbuscityballet school
Registration Form 2008-2009
Early Fall Registration Fee: \$25

To speed registration, print this page, mail or bring in your registration form with payment to the Columbus City Ballet School, 763 Radio Drive, Lewis Center, Ohio 43035 (614) 841-9399.

Student's Name _____

Birth date ____/____/____ Age ____ Grade in School _____

Parent's Name _____

Address _____ (State) _____ (Zip) _____

Mother's Occupation _____ (W) _____ (C) _____

Father's Occupation _____ (W) _____ (C) _____

Home Phone _____

E-Mail _____

In case of emergency, please contact (If Parent or Guardian not available):

Name _____ Phone _____

Physician _____ Phone _____

Name of previous dance school _____

How many years of training? _____ How did you learn about us? _____

Registration fee _____ Total _____

New Student Returning Student Check # _____ Date _____

Visa/MC/Am Exp _____

Check Classes/Division you are taking:

Early Childhood Division	Enrichment Division
Creative Movement (age 3) <input type="checkbox"/>	Ballet 1, 2, 3 <input type="checkbox"/> Ballet 1B, 2B <input type="checkbox"/>
Pre Ballet (age 4) <input type="checkbox"/> Pre Ballet/Tap (ages 4-5) <input type="checkbox"/>	Adv. Ballet <input type="checkbox"/>
Primary Ballet (ages 5-6) <input type="checkbox"/> Primary Ballet/Tap <input type="checkbox"/>	Boys' Class <input type="checkbox"/> Modern <input type="checkbox"/>
Acro/dance (ages 5-6) <input type="checkbox"/>	Preteen Beg. Ballet (ages 9-12) <input type="checkbox"/>
Progressive Division	Int. Tap <input type="checkbox"/> Tap 1, 2 <input type="checkbox"/> (ages 7-11)
Ballet 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A <input type="checkbox"/> 5A <input type="checkbox"/> 7A <input type="checkbox"/>	Adult Ballet/Stretch <input type="checkbox"/>
Pointe <input type="checkbox"/> Variation <input type="checkbox"/> Modern <input type="checkbox"/> Beg. Pointe <input type="checkbox"/>	Yoga <input type="checkbox"/> Pilates Matwork <input type="checkbox"/>
Int. Pointe <input type="checkbox"/> Jazz <input type="checkbox"/>	Int. Jazz <input type="checkbox"/> Adv. Jazz <input type="checkbox"/>
	Adv. Tap <input type="checkbox"/>

Preprofessional Mentoring Program

PMP 1 PMP 2 PMP 3 How many classes/hours per week do you take? _____

Ballet Technique, Pointe, Variations, Repertory, Modern, Jazz, Pilates Matwork/Stretch, Production, Classical Music Appreciation, Workshop, Adagio

Waiver of Liability/Agreement to Pay/Media Release

The below signed hereby hold harmless Columbus City Ballet School or any agents thereof, for any illness or injury due to participation in any class, rehearsals and performance, or other activity associated with Columbus City Ballet School. I hereby certify that I agree to the CCBS Policies and Regulations. In addition, I give permission for photographs or television footage that may include my child for any media publication concerning CCBS.

Signature: _____ Parent _____ Date _____