

# Ohio Conservatory of Ballet Student Information Form 2024/2025

Student Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Who else is authorized to pick up your child? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Class Level: \_\_\_\_\_

Please list classes you will be taking: (include days and times)

\_\_\_\_\_

\_\_\_\_\_

Yearly Registration Fee \$42. Sign here: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_