

Soar on Saturdays Registration Form 2021-2022

Please complete and PRINT neatly. Space is limited. Registration will be accepted on a first-come, first-served basis. Return to BalletMet via mail (322 Mount Vernon Avenue, Columbus, OH 43215), email (csaunders@balletmet.org) or fax (614-224-3697). For questions, email csaunders@balletmet.org or call 614-586-8622. A Release & Authorization Form must be completed by a Parent/Guardian prior to the first class.

Stu	udent Name						
Pa	arent/Guardian Name						
Str	reet Address						
Cit	ty			Zip Code			
Ma	ain Phone	A	Alternate Phone				
Pa	arent/Guardian Email						
En	nergency Contact Name	Con	tact Telephone N	umber			
Stu	udent Age Birth Date	Gen	der	Ethnicity			
As	pes any member of your household qualify for sistance Program (SNAP, formerly food stam nefits? (please circle one)			Yes	No	Unknown	vn
Do	bes student have previous dance training?	Yes No	If so, where?				
Cu	urrent Grade School/District						
Ho	ow did you hear about this program?						
Bri	iefly explain any special circumstances or hea	alth issues. (Us	se the reverse sid	e if necessa	ry.)		_
lf y	ease choose one session. A waiting list will be your student has interest in multiple sessions, udents on the waitlist will be contacted if spac	please rank th	e sessions in orde				
Location: BalletMet 322 Mount Vernon Ave, Columbus, OH 43215 Time: 3:30PM - 4:30PM			Location: The King Arts Complex 867 Mount Vernon Ave, Columbus, OH 43203 Time: 2:00PM - 3:00PM				
Х	Tap : September 18 th – October 23 rd Class already completed			n Dance: Ja ne to Regis			ry 12 th
	Ballet: October 30 th – December 11 th Deadline to Register: October 26 th			p : Februar ne to Regis			I
	African Dance: January 8 th – February Deadline to Register: January 4 th	v 12 th	Student's T-sh		,	6 YM	YL YXL
	Hip Hop: February 19th – March 26th Deadline to Register: February 15th		Student's Shoe	e Size (For T	TAP Only):		ose omy.

Date Entered ____

Contact (VM/Email)