



2020 ENROLMENT FORM

PARENT/GUARDIAN DETAILS:

NAME: _____

MOBILE #: _____

EMAIL: _____

I WILL BE PAYING MY ACCOUNT: WEEKLY or BY TERM

I DO / DO NOT GIVE PERMISSION FOR MY CHILD TO BE PLACED ON STUDIO SOCIAL MEDIA

SECONDARY CONTACT

NAME: _____

MOBILE #: _____

EMAIL: _____

RELATIONSHIP TO CHILD: _____

Would this secondary contact like to receive newsletters via email, and text messages about cancelled classes? Yes/No

CONSENT

By completing and signing this enrolment form, I acknowledge that I have read, understood and I am agreeing to, the terms and conditions of enrolment stated in the Studio Information Guide. I also acknowledge that I am responsible for paying all accounts associated with MDS in my name. I understand that a **\$16 non refundable registration fee is payable at time of enrolment.**

Parent Guardian Signature: _____ Date: _____

Please see over page for student details

Office Use Only:

Rego: \$

EM:

DS:

COE:

ACC:

STUDENT 1:

First Name _____ Surname _____

Date of Birth ___/___/___ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

STUDENT 2:

First Name _____ Surname _____

Date of Birth ___/___/___ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

STUDENT 3:

First Name _____ Surname _____

Date of Birth ___/___/___ School Year _____

Allergies/Injuries/Illness/Medications _____

Classes

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____

Style _____ Day _____ Time _____