

## 2025 Enrolment Form- Multiple Students

This form is only necessary if not using the Parent Portal.

*Please use this form if enrolling multiple students in the same family*

### Parent/Carer Details:

Parent Name/s		
Phone number/s		
Email (if student under 18)		
Address		

### Student #1 Details:

Surname		
First name/s		
D.O.B		
Address		
Mobile number		
Emergency Contact Name	Name: <small>SINCE 1969</small>	Phone:
Doctor Contact	Name:	Phone:
Illness, injuries, or allergies	Please state any relevant medical illnesses, injuries, or allergies	
Medication	Please state the name/s of any medication required	
Legal/Custody arrangements	Please note any relevant arrangements regarding parent/carers custody. Leave blank if none.	
Previous Dance Experience		
Private Lessons / Eisteddfods	Please indicate whether student would like to compete in eisteddfod's or enrol in private lessons  <b>Yes / no</b>	

## Student #1 Class Enrolment:

Please state which classes/styles of dance you would like to enrol in. For more information on class ages, styles, and timetable, go to [www.mdcipswich.com.au](http://www.mdcipswich.com.au) or see contact details at the end of this form.

Note: Class enrolment will be automatically transferred to each new term, unless MDC is contacted regarding class changes or cancellation of enrolment.

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## Public Performance and Media Consent

McCormick Dance Centre is obligated to obtain permission from parents/guardians for children to:

- Perform in public areas, and
- Be photographed and/or videoed for inclusion on marketing and advertising, concerts, public performances etc

I .....give / do not give permission for my child .....

To participate in the activities mentioned above.

Signature.....Date.....

## Student #2 Details:

<b>Surname</b>		
<b>First name/s</b>		
<b>D.O.B</b>		
<b>Address</b>		
<b>Mobile number</b>		
<b>Emergency Contact Name</b>	Name:	Phone:
<b>Doctor Contact</b>	Name:	Phone:
<b>Illness, injuries, or allergies</b>	Please state any relevant medical illnesses, injuries, or allergies	
<b>Medication</b>	Please state the name/s of any medication required	
<b>Legal/Custody arrangements</b>	Please note any relevant arrangements regarding parent/carer custody. Leave blank if none.	
<b>Previous Dance Experience</b>	SINCE 1969	
<b>Private Lessons / Eisteddfods</b>	Please indicate whether student would like to compete in eisteddfod's or enrol in private lessons  <b>Yes / no</b>	

## Student #2 Class Enrolment:

Please state which classes/styles of dance you would like to enrol in. For more information on class ages, styles, and timetable, go to [www.mdcipswich.com.au](http://www.mdcipswich.com.au) or see contact details at the end of this form.

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Signature.....Date.....



### Student #3 Details:

<b>Surname</b>		
<b>First name/s</b>		
<b>D.O.B</b>		
<b>Address</b>		
<b>Mobile number</b>		
<b>Emergency Contact Name</b>	Name:	Phone:
<b>Doctor Contact</b>	Name:	Phone:
<b>Illness, injuries, or allergies</b>	Please state any relevant medical illnesses, injuries, or allergies	
<b>Medication</b>	Please state the name/s of any medication required	
<b>Legal/Custody arrangements</b>	Please note any relevant arrangements regarding parent/carer custody. Leave blank if none.	
<b>Previous Dance Experience</b>	SINCE 1969	
<b>Private Lessons / Eisteddfods</b>	Please indicate whether student would like to compete in eisteddfod's or enrol in private lessons  <b>Yes / no</b>	

### Student #3 Class Enrolment:

Please state which classes/styles of dance you would like to enrol in. For more information on class ages, styles, and timetable, go to [www.mdcipswich.com.au](http://www.mdcipswich.com.au) or see contact details at the end of this form.

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Signature.....Date.....



### Student #4 Details:

<b>Surname</b>		
<b>First name/s</b>		
<b>D.O.B</b>		
<b>Address</b>		
<b>Mobile number</b>		
<b>Emergency Contact Name</b>	Name:	Phone:
<b>Doctor Contact</b>	Name:	Phone:
<b>Illness, injuries, or allergies</b>	Please state any relevant medical illnesses, injuries, or allergies	
<b>Medication</b>	Please state the name/s of any medication required	
<b>Legal/Custody arrangements</b>	Please note any relevant arrangements regarding parent/carer custody. Leave blank if none.	
<b>Previous Dance Experience</b>	SINCE 1969	
<b>Private Lessons / Eisteddfods</b>	Please indicate whether student would like to compete in eisteddfod's or enrol in private lessons  <b>Yes / no</b>	

### Student #4 Class Enrolment:

Please state which classes/styles of dance you would like to enrol in. For more information on class ages, styles, and timetable, go to [www.mdcipswich.com.au](http://www.mdcipswich.com.au) or see contact details at the end of this form.

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## Payment Options

**If not using the MDC Parent Portal, payment can be made via direct debit or cash. See direct debit details below:**

McCormick Dance Centre

BSB: 638 060

Account No.: 16742370

Payment reference- Please write the student/s name and what the payment is for.