

# Gippsland Children's Choir

## Enrolment Form 2025



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

Student Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Children enrolled in GCC are required to attend weekly rehearsals at their chosen venue.  
Please tick below which venue you will be attending:

- ☐ Moe Library, East End Room  
☐ Traralgon Neighbourhood House, Breed Street

Tuesday 4 - 5pm

Thursday 4 - 5pm

Term Fees will be invoiced via email at the beginning of each term and required to be paid in advance. The fees are set at \$12 per rehearsal session. Fees are to be paid into the following account using your child's last name and venue (Moe/Traralgon) as a reference. Once enrolment forms are received you will be **emailed** an invoice for payment.

**Account Name:** Gippsland Children's Choir

**BSB:** 313-140

**Account Number:** 12430780

All children in GCC are required to purchase the GCC T-Shirt. Please indicate your child's size below. All shirts are \$25 and must be worn for performances. This will be added to your term invoice.

Size 4

Size 6

Size 8

Size 10

Size 12

Size 14

Size 16

Size 18

Please detail any previous singing or choir experience that your child has, preferred range, current singing teacher (if any).

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At times, GCC will use photos for promotional use on social media and local advertising, including Facebook, Latrobe Valley Express and Instagram. Please sign below to acknowledge your acceptance.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

All information will be updated regularly on our Facebook page "Gippsland Children's Choir" as well as via email. Please ensure that you are following us on our Facebook page to receive these updates.

GCC singers are expected to participate in weekly rehearsals and set performances. It is important that families understand the commitment to these times and support their children in being available when required. Any absences will be credited to the following term upon provision of a medical certificate.

By signing below, you are acknowledging the attendance requirement, and the responsibility of fee payment for your child's involvement.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

# Gippsland Children's Choir

## Medical Information



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

Parent Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Please tick below the venue which your child attends rehearsals on a weekly basis:

☐ Moe/Newborough

☐ Traralgon

Please list any medical concerns relating to your child:

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Please list any regular medication that GCC need to be aware of in case of emergency:

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Do you have ambulance cover? Yes/No (Please Circle)

If relevant, please detail any further information GCC should know about your child.

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In case of emergency please sign below to give GCC permission to call an ambulance on behalf of your child.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_