



CONFIDENTIAL ENROLMENT FORM 2018

Information about the child

Family Name.....Date of Birth.....Sex M F
(please tick)

Given Names.....Usually called.....

Home Address.....

Email address.....

Language(s) spoken at home.....Cultural Background.....

Family Contact Details

Mother		Father	
Name		Name	
Address		Address	
Telephone (H)	(W)	Telephone (H)	(W)
Mobile		Mobile	
Country of birth:		Country of birth:	
Cultural Background:		Cultural Background:	
Occupation:		Occupation:	
Does the child live with the mother?		Does the child live with the father?	
Yes No (please circle)		Yes No (please circle)	
Guardian (if applicable)		Guardian (if applicable)	
Name		Name	
Address		Address	
Telephone (H)	(W)	Telephone (H)	(W)
Mobile		Mobile	
Does the child live with this guardian?		Does the child live with this guardian?	
Yes No (please circle)		Yes No (please circle)	

Court orders relating to child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the access to the child.

No go to the next section

Yes please complete the following:

1. Bring the original court orders for the staff to see and a copy to attach to this enrolment form.
2. If these orders:
 - a. change the powers of a parent/guardian to:
 - authorise the taking of the child outside the Kindergarten by a staff member
 - consent to the medical treatment of the child
 - request or permit the administration of medication to the child
 - collect the child, AND/OR
 - b. give these details to someone else
 - please describe these changes and provide the contact details of any person given these powers.

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Other persons to be notified in an emergency (must be completed)

There may be times when your child has an accident; injury, trauma or illness and you cannot be contacted. To deal with these situations the Kindergarten should notify one of the following people who are authorised to collect and care for your child.

Name	Name
Address	Address
Telephones (H) (W) Mobile	Telephones (H) (W) Mobile
Relationship to child	Relationship to child

Other people who you authorise to consent to medical treatment if you cannot be contacted

There may be times when your child needs medical treatment or administration of medication and we are unable to contact you as the parent/guardian of the child. In the event that this occurs the Kindergarten should request permission from the following list of authorised people to authorise consent to their treatment.

Name	Name
Address	Address
Telephones (H) (W) Mobile	Telephones (H) (W) Mobile
Relationship to child	Relationship to child

Collecting your child from the Service

Your consent is required for other people to collect your child from the service on your behalf. Please list the details of those people who can collect your child on the table below. In the event that your child is not collected from the Kindergarten and you cannot be contacted, this list will also be used to arrange someone to collect your child.

Details of people who can collect your child. (This list may be added or changed throughout the year.)

Name	Name
Address	Address
Telephone (H) (W) Mobile	Telephone (H) (W) Mobile
Relationship to child	Relationship to child
Signature	Signature
Name	Name
Address	Address
Telephone (H) (W) Mobile	Telephone (H) (W) Mobile

Relationship to child	Relationship to child
Signature	Signature
Name	Name
Address	Address
Telephone (H) (W)	Telephone (H) (W)
Mobile	Mobile
Relationship to child	Relationship to child
Signature	Signature

Other people who are authorised to authorise an educator to take the children outside the education and care premises

There may be times when we are unable to contact you as the parent/guardian of the child and you may have to forgotten to fill in the permission slip for an excursion. In the event that this occurs the following list of authorised people are given permission for the educator to take children outside of the education and care premises.

Name	Name
Address	Address
Telephones (H) (W) Mobile	Telephones (H) (W) Mobile
Relationship to child	Relationship to child

Child's medical and health information

Name of Doctor / Medical Service..... Telephone.....	
Address of Doctor.....Medicare No.....	
Name and position of person at the children's service who sighted the child's health record. Name.....Position.....	
Does your child have any dietary restrictions?	Yes No (please circle)
If yes , the following restrictions apply:	
Does the child have any medical conditions and needs (e.g. epilepsy, diabetes etc.) which are relevant to the Kindergarten? Yes No (please circle)	
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):	

Child's Immunisation record

Has the child been diagnosed as at risk of anaphylaxis? If yes , the following management procedures are to be followed (or a copy of the management plan is attached):
Does the child have any special needs? If yes , the following management procedures are to be followed (or a copy of the management plan is attached):
Educational Assessments and/or recommendations..... Please attach any relevant documentation.

Has your child been Immunised? Yes No (please tick) If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR

Some children have also had Hepatitis B immunisations
If so, please provide the dates these have been given:.....

Have you attached a birth certificate? Yes No

Other information

If there is anything else that the Kindergarten should know about your child (e.g. excessive fears, favourite activities, additional needs, cultural or religious requirements, etc.)

.....
.....
.....

I ,.....(Print full name)

a person with lawful authority of the child referred to in this enrolment form.

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the Kindergarten in the event of any change in this information;

I consent for the approved provider, nominated supervisor or an educator to seek in the case of an emergency:

- Medical treatment for the child from a registered medical practitioner, hospital or ambulance service
- transportation of the child by an ambulance service; and
- if relevant, an authorisation given under regulation 102 for the education and care service to take the child on regular outings.

Signature.....

Lawful Authority

Parents

All parents have the powers and responsibilities in relation to their children, which can only be changed by a court order. The *Children's Services Regulations 1998* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether they have lived together or are married.

A court order, such as the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.



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ENROLMENT DECLARATION

I (Parent / guardian)
 of.....(Child/ren) would like to enrol my
 child into theyear old kindergarten session.

Having enrolled my child/ren into the Murray Valley Aboriginal Kindergarten, I understand that all fees are to be paid by the third week of each term. If the fees are behind my child/ren will be unable to attend until payment is made.

Start Date.....

Parent / Guardian Signature.....



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**MVAC EARLY LEARNING CENTRE / MVA KINDER
BUS RUN**

I(Parent/Guardian)

hereby give permission for my child/children
to be picked up by the MVA Early learning Bus for Kinder / Early Learning and to be taken home afterwards.

I authorise for the staff listed below to sign my child in/out of MVA Kinder / MVA Early Learning Centre and assist them on the bus to get to their designated address.

NAME	ADDRESS	PHONE NUMBER
Marissa Brown	87 Latje Road Robinvale	(03) 5051 8950
Merinda Barnfield	87 Latje Road Robinvale	(03) 5051 8950
Corinne Best	87 Latje Road Robinvale	(03) 5051 8950
Stam Myrallakis	87 Latje Road Robinvale	(03) 5051 8950
Gabby Pui Fong	87 Latje Road Robinvale	(03) 5051 8950
Rebecca Stewart	87 Latje Road Robinvale	(03) 5051 8950
Denise Bowden	87 Latje Road Robinvale	(03) 5051 8950
Keira Johnson	87 Latje Road Robinvale	(03) 5051 8950
Olivia Lin	87 Latje Road Robinvale	(03) 5051 8950

In case of an emergency please contact:

Name

Phone

Signed Parent/Guardian Date



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PERMISSION FORM - PHOTOGRAPHS & VIDEOS

Photographs and videos are now classified as "Personal Information" under the Information Privacy Act 2000. The purpose of this Permission Form is to:

- Comply with the privacy legislation in relation to photographs/videos taken at the Childcare.
- Enable staff at the Childcare to take photographs/videos of children as part of the program.
- Enable parents/guardians and staff to take group photographs/videos of children as part of the program.
- Enable parents/guardians to take photographs/videos of their children, which may include other children in the group.
- Notify parents/guardians as to who will be permitted to take photographs/videos and where these are taken by the Childcare, how they will be used.

Photographs/videos taken by staff

Staff at the Childcare will take photographs/videos of children as part of the program which will include displaying these at the Childcare or placing them in a book that may be borrowed from the Childcare by the children attending.

When the photographs/videos are no longer being used as part of the program, displaying at the Childcare or placed in a book for circulation, they will either:

- Be given to the family of the child if the photograph/video is of their child and no other children;
- Stored securely at the Childcare and displayed on anniversaries of the Childcare etc.; or
- Destroyed.

Group Photographs taken by parents/guardians or staff

Parents/guardians, as well as staff, may take group photographs at special events such as birthdays or excursions while in the care of the Childcare provider. Photographs taken by the Childcare provider can be made available to all parents/guardians.

While the Childcare provider can nominate the use and disposal of photographs they organise, there is no control over those taken by parents/guardians of children attending.

Photographs/videos taken by parents/guardians

Parents/guardians may take photographs and/or videos of their own child. However, this may include other children in the group only on special events such as birthdays or excursions while in the care of the Childcare provider.

Photographs/videos for use in newspapers and external publications

The permission of parents/guardians of children attending will, on each occasion, be obtained prior to your child's photograph being taken to appear in any newspaper/media or external publication, including the Childcare's own publications.

Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the Childcare's Privacy Policy which is displayed at the Childcare and available on request.

Confirmation of Consent

Parents/guardians need to note that the Childcare provider has no control over the use of the photographs/videos taken by parents or guardians.

I consent to the arrangements for the use of photographs and/or videos as stated in this Permission Form.

Signed _____
Parent or Guardian

Date _____



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KINDERGARTEN BILLING INFORMATION

To be completed and submitted to accounts prior to commencement

Customer Name _____

Customer Number _____
(if known)

Childrens Names _____

Residential Address _____

Postal Address _____
(if different from above)

Home No _____

Mobile No _____

Email Address _____

Days of attendance: _____

Do you hold a Health Care Card: YES NO Expiry Date: _____

Is your child Aboriginal or TSI: YES NO

Payment method Cash
 Cheque
 Centrepay deduction
 Direct bank deposit
 Other, Please specify
