



MURRAY VALLEY ABORIGINAL CO-OPERATIVE KINDERGARTEN

CONFIDENTIAL ENROLMENT FORM 2021

Information about the child

Family Name.....Date of Birth.....Sex M [] F []
Given Names.....Usually called.....
Home Address.....
Email address.....
Language(s) spoken at home.....Cultural Background.....

Family Contact Details

Table with columns for Mother and Father, and Guardian. Rows include Name, Address, Telephone (H), Mobile, Country of birth, Cultural Background, Occupation, and Does the child live with...?

Court orders relating to child

Are there any court orders, parenting orders or parenting plans 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. Provide the original document to be copied and attached to the enrolment form. If the orders change at any time please provide updated documentation.
2. If these orders change the power 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
- 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)	Telephone (H) (W)
Mobile	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.....
Do you give permission for your child to be transported by an ambulance?	Yes No

Does your child have any allergy or sensitivity?	Yes	No	(please circle)
If yes , the following management procedures are to be followed (or a copy of the management plan is attached):			

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):

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.

Child's Immunisation record

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.)

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

Declaration and consent to emergency medical treatment

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

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.....



Murray Valley Aboriginal Cooperative

87 Latje Road, Robinvale VIC 3549

03 5026 3353 | info@mvac.org.au

mvac.org.au



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.

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Start Date.....

Parent / Guardian Signature.....



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MVAC EARLY LEARNING CENTRE / MVA KINDER BUS RUN

Bus Permission Form - January 2021 to December 2021

I Parent/Guardian of

Hereby give permission for my child to be transported by the MVAC bus on:

Monday Tuesday Wednesday Thursday Friday

from

To 87 Latje Road, Robinvale between 8:00am – 9:00pm

to attend Kinder/childcare,

And to be taken home in the afternoon between 1:45pm – 2:45pm

From 87 Latje Road, Robinvale to

The maximum number of Children: 18

The minimum number of Staff: 2

The maximum number of Staff: 3

Bus Driver: 1 (not included in staff ratios)

I authorise for the staff listed below to sign my child in/out of MVAC Kinder/Childcare and assist them on the bus to get to above mentioned address.

Christa Cronje	Early Learning Coordinator
Corinne Best	Office Assistant
Bella Yanmin Sun	ECT Teacher
Taylor Singh	Co- Educator
Keira Johnson	Co-Educator
Gabie Fong	Educator
Chloe Pettit	Co-Educator

Ratio – Child/Staff

Children age 1 – 3 years	1:4
Children age 3 – 5 years	2:14

A risk assessment has been prepared and is available at the centre.

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. Photos may also be put on our organisation website & Facebook page.

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) _____

Children's 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
