



MURRAY VALLEY ABORIGINAL CO-OPERATIVE KINDERGARTEN

CONFIDENTIAL ENROLMENT FORM

Information about the child

Family Name.....	Date of Birth.....	Sex M <input type="checkbox"/> F <input type="checkbox"/>
(please tick)		
Given Names.....Usually called.....		
Home Address.....		
Email address.....		
Language(s) spoken at home.....Cultural Background.....		

Family Contact Details

Primary Parent / Carer	Secondary Parent / Carer
Name	Name
Relationship to the child:	Relationship to the child:
Address	Address
Telephone (H) (W) Mobile	Telephone (H) (W) Mobile
Country of birth:	Country of birth:
Date of arrival if born outside Australia:	Date of arrival if born outside Australia:
Cultural Background:	Cultural Background:
Occupation:	Occupation:
Does the child live with you? Yes No (please circle)	Does the child live with you? Yes No (please circle)
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address	Address
Telephone (H) (W) Mobile	Telephone (H) (W) Mobile
Does the child live with this guardian? Yes No (please circle)	Does the child live with this guardian? Yes No (please circle)

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 / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
Relationship to child	Relationship to child
Signature	Signature

Name	Name
Address	Address
Telephone / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
Relationship to child	Relationship to child
Signature	Signature
Name	Name
Address	Address
Telephone / Email Address Mobile:	Telephone / Email Address Mobile:
Email:	Email:
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?	Yes	No
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?	Yes	No
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.
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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)

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.....



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 2026 to December 2027

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 – 9:00am

to attend Kinder/Childcare,

And to be taken home in the afternoon between 4:00pm – 5:00pm.

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.

Corinne Best	Office Manager
Rhoda Salonga	Manager
Haibing Luo	ECT (Early Childhood Teacher)
Jarae Johnson	ECT (Early Childhood Teacher)
Navjot Kaur	ECT (Early Childhood Teacher)
Gabie Fong	Room Leader
Kathleen Dalasen	Kindergarten Assistant
Anita Johnson	Trainee
Marlaina Johnson	Trainee
Aleaha Peterson	Trainee

Ratio – Child/Staff

Children age 1 – 3 years	1:4
Children age 3 – 5 years	1:11

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

In case of an emergency please contact:

Name:

Phone:

Signature.....



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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)

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 Torres Strait Islander: ☐ YES ☐ NO

Payment method

- ☐ Cash
- ☐ Cheque
- ☐ Centrepay deduction
- ☐ Direct bank deposit
- ☐ Other, Please specify _____

Please answer the following questions and complete the attachment as it is necessary for our funding.

1. Does the family have a Commonwealth health care card?
2. Does the family have a Pensioner concession card?
3. Does the family have a department of Veterans affairs gold or white card?
4. Does the child or their family currently have a humanitarian or refuge visa?

Parental education and occupation details

Please complete this form in English

CHILD'S NAME:			
KINDERGARTEN NAME:	MVAC Early Learning Centre Kindergarten		
Please tick this box if there is only one parent/guardian for the child <input type="checkbox"/>		Parent/guardian A (primary carer)	Parent/guardian B (must be completed, except where there is only one parent/guardian for the child)
Education Equivalent overseas education and qualifications are recognised for the purposes of this data collection.			
1. What is the highest year of primary or secondary school the parent/guardian has completed? (tick one) <i>For persons who have never attended school, mark 'Year 9 equivalent or below'.</i>	Year 9 equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the level of the highest qualification the parent/guardian has completed? (tick one)	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Occupation			
3. What is the occupation group of the parent/guardian? (See <i>Parental Occupation Index</i> on page 2) <i>If the parent/guardian is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation</i> <i>If the parent/guardian has not been in paid work for the last 12 months, tick 'N' OR</i> <i>If the parent/guardian has not been in paid work for the last 12 months because the person cares for their own children full time, tick 'H'</i>	<input type="checkbox"/> A	<input type="checkbox"/> A	
	<input type="checkbox"/> B	<input type="checkbox"/> B	
	<input type="checkbox"/> C	<input type="checkbox"/> C	
	<input type="checkbox"/> D	<input type="checkbox"/> D	
	<input type="checkbox"/> N	<input type="checkbox"/> N	
	<input type="checkbox"/> H	<input type="checkbox"/> H	
Name parent/guardian (print)			Date
Signature parent/guardian			

Parental Occupation Index

MANAGERS		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS <i>generally with a bachelors degree or above</i>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D
SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D