

CHILDCARE ENROLMENT FORM (v.2020.1)



Approved Provider: **Warrumbungle Shire Council** PR-00003988

For enrolment with the following services referred to as “Yuluwirri Kids”

Yuluwirri Kids-Coonabarabran Preschool and Long Day Care SE-00009634

Yuluwirri Kids/Connect 5 –Monkey Room SE-00014793

Please note: Prior to your child’s position beginning at the service(s) it is essential that the following information is complete and kept up to date. *This information must be completed by each known parent who has lawful authority in relation to the child.* Please notify the service of any changes to details on this form as soon as possible. The service(s) will record Parent/Guardian 1 as the Principal person for contact and correspondence.

We thank you for your understanding and cooperation.

Child’s Details

Child’s Surname:

Child’s Given Name(s):

Name Usually Called:

Other Alias Names by which the child is known by:

Child’s CRN for CCB:

Child’s Home Address/Addresses:

Child’s Date of Birth:

Child’s Sex (Please Circle): Male / Female

Language(s) used in the Child’s home:

Primary:

Secondary:

Is the Child of Aboriginal or Torres Strait Islander decent *(Please Circle)*

Yes / No

Other - please specify cultural / ethnic group:

Please provide a certified photocopy of the child’s birth certificate or equivalent

Considerations for the Child

Cultural Considerations

Please outline the Child’s cultural background and if relevant any cultural practices you would like followed:

Religious Considerations

Please outline the Child’s religious background and if relevant any religious practices you would like followed.

Religion:

Dietary Considerations

Please outline any dietary restrictions or considerations the Child may have (e.g. likes and dislikes Intolerances and Allergies etc will be expanded on in the Medical section of the form):

Parent / Guardian 1 (Parent 1 and Primary Contact)

| | | |
|---|---|--------------------------------------|
| Relationship to Child: | | |
| Full Name: | | |
| Other Names Known By: | | |
| Parent 1 CRN for CCB: | Parent 1's Date of Birth: / /19 | |
| Country of Birth: | Primary Language: | |
| Please provide any relevant cultural background details: Indigenous / Ethnic Group: | | |
| Home Address: | | |
| Mailing Address (if different): | | |
| Does the child live with you? (Please Circle) | Yes/ No | |
| Telephone contact no. | | |
| Home: | Work: | Mobile: |
| Occupation: | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | |
| Place of Employment and Address: | Studying <input type="checkbox"/> Other <input type="checkbox"/> | |
| Email address: | | |
| Please indicate how would you like to receive Correspondence for this enrolment? | | |
| Invoices and Receipts | Email <input type="checkbox"/> | Pigeon Hole <input type="checkbox"/> |
| Newsletters and General Correspondence | Email <input type="checkbox"/> | Pigeon Hole <input type="checkbox"/> |

Parent / Guardian 2 (Parent 2)

| | | |
|--|---|-----------|
| Relationship to Child: | | |
| Full Name: | | |
| Other Names Known By: | | |
| Parent 2 CRN for CCB: | Parent 's Date of Birth: / /19 | |
| Country of Birth: | | |
| Please provide any relevant cultural background details: Indigenous / Ethnic Group: | | |
| Home Address: | | |
| Mailing Address (if different): | | |
| Does the child live with you? (Please Circle) | Yes / No | |
| Telephone contact no. | | |
| Home: | Work: | Mobile/s: |
| Occupation: | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | |
| Place of Employment and Address: | Studying <input type="checkbox"/> Other <input type="checkbox"/> | |
| Email address: | | |

Details of other individual considered to be a Parent /Guardian (Parent 3)

| | |
|--|---|
| Relationship to Child: | |
| Full Name: | |
| Other Names Known by: | |
| Parent 3 CRN for CCB: | Parent 's Date of Birth: / /19 |
| Country of Birth: | |
| Please provide any relevant cultural background details: Ethnic Group: | |
| Home Address: | |
| Mailing Address (if different): | |
| Does the child live with you? (Please Circle) | Yes/ No |
| Telephone contact no. Home: Work: Mobile/s: | |
| Occupation: | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Studying <input type="checkbox"/> Other <input type="checkbox"/> |
| Place of Employment and Address: | |
| Email address: | |
| Place of Employment and Address: | |

Please obtain another Parent Details page for further individuals considered to be a Parent.

Court Orders Relating to the Child

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

(Please Circle) No Yes

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

(Please Circle) No Yes

If yes, please provide all relevant documentation and paperwork.

Please note that without this documentation we cannot legally enforce the Order/s.

Emergency Contact Person 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live a *maximum of 30 minutes* from the service and must provide identification when collecting the child.

| | | |
|--------------------------------|------------------------|-----------|
| Name of Individual: | Relationship to Child: | |
| Address | | |
| Place of Employment : | | |
| Telephone contact no. Home: | Work: | Mobile/s: |

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____,
 PRINT FULL NAME
 agree to be an Emergency Contact Person for _____ and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

_____ Date: _____

Medical Authorisation for Child

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to take Child outside of the Service

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for the Child to be taken outside the service's premises? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to approve participation in Excursion and Incursion

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for the Child to participate in an excursion or incursion organised by the service? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to notify of any emergency/incident involving your child

| | | |
|---|----------|------------------------------|
| Can we notify this person of any emergency or incident involving your child if we cannot immediately contact you? | Yes / No | Parent 1 Signature: _____ |
|---|----------|------------------------------|

| | |
|---|-------------------------------------|
| I acknowledge that I have read, understood and agree with the above instructions provided by Parent 1. | Parent 2 Signature: _____ |
|---|-------------------------------------|

Emergency Contact Person 2

Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. *Education and Care Services National Regulations – Part 4.7, Regulation 161*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached. To deal with these situations the service will notify the following person to collect and care for the child. This person must live within the District of service and must provide identification when collecting the child.

| | |
|---------------------|------------------------|
| Name of Individual: | Relationship to Child: |
|---------------------|------------------------|

Address:

Place of Employment:

| | | |
|--------------------------------|-------|-----------|
| Telephone contact no. Home: | Work: | Mobile/s: |
|--------------------------------|-------|-----------|

Declaration of Consent for Being an Emergency Contact Person for the Child

I _____
 PRINT FULL NAME
 agree to be an Emergency Contact Person for _____ and agree to be contacted in the case of an emergency involving this child.

Signature of Emergency Contact Person

_____ Date: _____

Medical Authorisation for Child

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the Child? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to take Child outside of the service

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for the Child to be taken outside the service's premises? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to approve participation in Excursion and Incursion

| | | |
|--|----------|------------------------------|
| Can this person be contacted to give consent for the Child to participate in an excursion or incursion organised by the service? | Yes / No | Parent 1 Signature: _____ |
|--|----------|------------------------------|

Authorisation to notify of any emergency/incident involving your child

| | | |
|---|----------|------------------------------|
| Can we notify this person of any emergency or incident involving your child if we cannot immediately contact you? | Yes / No | Parent 1 Signature: _____ |
|---|----------|------------------------------|

| | |
|--|------------------------------|
| I acknowledge that I have read, understood and agree with the above instructions provided by Parent 1. | Parent 2 Signature: _____ |
|--|------------------------------|

Details of Other People who can Collect the Child

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Education and Care Services National Regulations – Part 4.7, Regulation 161

In the event that you or your nominated emergency contact cannot collect the Child, educator will use this list to arrange someone to collect the Child. This list may be added to throughout the year. Please list people in the preference you would like them to be contacted. Individuals must be able to produce identification when collecting the Child.

Person 1

Name of Individual:

Relationship to Child:

Address:

Place of Employment:

Telephone contact no.

Home:

Mobile/s:

Work:

Person 2

Name of Individual:

Relationship to Child:

Address:

Place of Employment:

Telephone contact no.

Home:

Mobile/s:

Work:

Person 3

Name of Individual:

Relationship to Child:

Address:

Place of Employment:

Telephone contact no.

Home:

Mobile/s:

Work:

Person 4

Name of Individual:

Relationship to Child:

Address:

Place of Employment:

Telephone contact no.

Home:

Mobile/s:

Work:

Special Needs Considerations

Please outline any special/additional needs the Child may have:

Medical Requirements

Child's Registered Medical Practitioner or Service Details:

Service Name: _____ Practitioner's Name: _____

Contact Numbers: _____ Address: _____

Child's Registered Dental Practitioner or Service Details:

Service Name: _____ Practitioner's Name: _____

Contact Numbers: _____ Address: _____

| | | | |
|---|--|-----------------------------|--------|
| Medicare Number : | Health Card | Yes / No | Expiry |
| Child ref on card: | <i>Please attach copy of current Health Care card.</i> | | |
| Private Health Fund Name: | Yes / No | Member No. | |
| Ambulance Cover Fund Name: | Yes / No | Member No. | |
| Does the Child have any specific health care needs or conditions? <i>Eg: Asthma, Epilepsy</i> | Yes/No | Condition / Trigger/ Action | |
| Does the child have a National Disability Insurance Scheme (NDIS) number | Yes/No | NDIS Number | |
| Does the Child have any allergies? | Yes/No | Condition / Trigger/ Action | |
| Has the Child been diagnosed as someone who is at risk of anaphylaxis? | Yes/No | Condition / Trigger/ Action | |
| Does the Child have any dietary restrictions? | Yes/No | Condition / Trigger/ Action | |

If you answered yes to any of the above medical condition questions, please attach relevant details. This includes a medical management plan, anaphylaxis plan or risk minimisation plan for each of the conditions.

Immunisation documentation

| | | |
|--|---|----------|
| <p>The Public Health Act 2010 (to strengthen vaccination requirements in early childhood education and care 2017) Parents/guardians who fail to provide the required documents will not be permitted to enrol their child in child care.</p> <p>Parent Signature: _____</p> | <p>An Australian Childhood Immunisation Register (AIR). Immunisation History Statement which shows that your child is up to date with their scheduled vaccinations, (request from Medicare through MyGov or Medicare Express Plus App or www.humanservices.gov.au or calling Enquiries Line on 1800 653 809)</p> | Yes / No |
| | <p>An AIR Immunisation Medical Exemption Form which has been certified by a General Practitioner (GP)</p> | Yes/ N/A |
| | <p>An AIR Immunisation History form on which the immunisation provider has certified that your child is on a recognised catch-up schedule</p> | Yes/ N/A |

HEALTH RECORD OFFICE USE - The approved provider or a staff member has sighted a child health record for the child, a notation to that effect; and (h) in relation to New South Wales, certificates for immunisation or exemption for the child, as required under section 87(1), (2) and (3) of the [Public Health Act 2010](#) of New South Wales;

Yes Sighted by _____ No

Service has a current copy Immunisation Status _____ Immunisation Next Due _____

Medical Authorisation

| | | |
|--|--|---|
| <p>Do you consent for the approved provider, nominated supervisor or an educator or staff member at the service to seek-</p> <p>(i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and</p> <p>(ii) transportation of the child by an ambulance service ?</p> <p>– <i>Education and Care Services National Regulations, Part 4.7, Regulation 161.</i></p> | <p>Yes / No</p> | <p>Parent 1 Signature:</p> <p>-----</p> |
| <p>Do you consent for the nominated supervisor or other educator at the service to <u>administer paracetamol or ibuprofen</u> as per the manufacturer’s recommendations (e.g. age, weight). In case of an illness/ emergency if you cannot arrive quickly to pick up the child?</p> <p>I understand the service will attempt to contact myself and the nominated emergency contacts first, and medication <u>will not</u> be given if no one can confirm if my child has had any medicine containing paracetamol in the last 24 hours.</p> | <p>Yes/No</p> | <p>Parent 1 Signature:</p> <p>-----</p> |
| <p>Do you authorise for the nominated supervisor or other educator at the service to administer <u>general first aid products</u> as per the manufacturer’s recommendations (e.g. nappy creams, Stingoes, Band-Aids, dressing, antiseptic cream etc)</p> | <p>Yes/No</p> | <p>Parent 1 Signature</p> <p>-----</p> |
| <p>Please be advised that if the Child is diagnosed with <u>asthma</u> or <u>anaphylaxis</u> and an emergency occurs, the Nominated supervisor or other educators may administer emergency first aid without making contact.</p> <p>Educators will notify the child’s parents and/or emergency services as soon as possible.</p> <p>– <i>Education and Care Services National Regulations, Part 4.2, Regulation 94.</i></p> | <p>Parent 1 Signature:</p> <p>-----</p> | |
| <p>I acknowledge that I have read, understood and agree with the information provided by Parent 1, in this Medical Authorisation for _____ (insert Child’s name).</p> | <p>Parent 2 Signature:</p> <p>-----</p> | |

Authorisation for Child to Participate in Excursions and Incursions:

| | | |
|---|---------------|---|
| <p>Do you authorise for the Nominated supervisor or other educator at the service to take the child outside the service's premises for relevant learning experiences, such as excursions.</p> | <p>Yes/No</p> | <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p> |
| <p>We may undertake regular outings to places eg the Schools, Bandulla St Bush, Robertson St Park, Library, Cooina. Before the first outing, we will obtain your authorisation, outlining all relevant details and risks involved. If the risks do not change for subsequent outings to the same venue over the next 12 months, do you authorise the Nominated Supervisor or educators at the service to take your child on the regular outing?</p> | <p>Yes/No</p> | <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p> |
| <p>Do you authorise for the Child to participate in any incursions the service may organise, on Centre premises. For example, an incursion on fire safety presented by someone from the local fire station, or a visiting performer.</p> | <p>Yes/No</p> | <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p> |

Permission to Exchange Information

| | | |
|---|-----------------|---|
| <p>Are you aware of what <u>school</u> you are planning to send to the Child to? If so, do you give the service permission to exchange information with the school in relation to transitioning your child to school?</p> <p>Name of School, or unsure:</p> | <p>Yes / No</p> | <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p> |
| <p>Does the Child attend another children's service during the week? (Please circle)</p> <p>Preschool Family Day Care Home Based Care Occasional Care Early Intervention Connect-5 Other</p> | | <p>Yes / No</p> |
| <p>Do you give the service permission to share the child/family's contact details, developmental records, family circumstances with other agencies? eg: Community Health, Barnardos, Speech Therapy, Connect Five, Family Day Care, Schools, Government Funding Bodies etc.</p> | <p>Yes / No</p> | <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p> |

| | | |
|--|---------------|---|
| <p>Does your child have any difficulties with, or had assessment for :</p> <p>General Health _____ Speech _____</p> <p>Hearing _____ Behaviour _____ Other _____</p> | <p>Yes/No</p> | <p>If yes, please provide details</p> |
| <p>If my child becomes ill, or contracts an infectious disease I agree to abide by the Centre's Health Policy and I agree to exclude my child for the period of time recommended by the NSW Department of Health and the 5th Edition Staying Preventing infectious diseases in early childhood and care services</p> | | <p>Parent 1 Signature:</p> <p>_____</p> <p>Parent 2 Signature:</p> <p>_____</p> |
| <p>Please be advised that all medication administered at the service will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date. Medication must be administered in accordance with any instructions provided by a registered medical practitioner.</p> <p><i>Please Note: all medication for a day is administered within in a 24 hour period. If the medical practitioner defines a day as less than 24hours please ensure this in in the medical practitioner instructions.</i></p> <p><i>– Education and Care Services National Regulations. Part 4.2, Regulation 95</i></p> | | <p>Parent 1 Signature:</p> <p>_____</p> <p>Parent 2 Signature:</p> <p>_____</p> |
| <p>Further Information about Child</p> | | |
| <p>Does the child have any siblings? If so, please provide their names and ages.</p> | | |
| <p>Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.</p> | | |
| <p>Please provide us with any other information we should know about your child (For example, favourite activities, fears, routines, special words (please translate if applicable), toileting and sleeping practices etc)</p> <p>Are there any special talents or interests that we could include in our program for your child?</p> <p>Are there any Parents with special talents or interests they would like to introduce, share or contribute to your child's or the Service's program?</p> | | |

| Sunscreen Protection | | |
|---|----------|---|
| <p>I give permission to the service's staff to assist my child to apply sunscreen.</p> <p>If yes sunscreen may be applied to my child's <i>(please circle)</i></p> <p>Arms Face Legs Back of neck</p> <p>We ask that each family apply SPF 30+ sunscreen to their child prior to their arrival at the service in the morning. If your child requires a specific sunscreen we ask that you supply it.</p> | Yes / No | <p>Parent 1 Signature:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Parent 2 Signature:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |

| Photography Policy | | |
|--|----------|---|
| <p>Your child's photograph may be taken whilst at Yuluwirri Kids, on excursions or during special preschool events.</p> | | |
| <p>Do you consent to your child's photograph appearing around the service, day book, and possibly in other child/ren's observations/portfolios if they appear in a group activity photograph?</p> | Yes / No | <p>Parent 1 Signature:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Parent 2 Signature:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |
| <p>Do you consent for your child's photograph to be used for local promotional material for Yuluwirri Kids, which may include appearing in the Coonabarabran Times, local show, on photo displays in Coonabarabran, School Stream app, or Warrumbungle Shire Council Facebook Pages?</p> | Yes / No | |
| <p>Do you consent for your child's photograph & developmental stories to be used for reporting for Yuluwirri Kids, which may include:- (i) Appearing in the Local/State/Federal correspondence such as funding reports, case studies, newspapers, magazines, and internet?</p> | Yes / No | |
| <p>(ii) Appearing in Children services awards, Children services resource organisations, children service networking groups such as competitions, internet, magazines, and newspapers?</p> | Yes / No | |
| <p>Please note, Yuluwirri Kids does not prevent parents of other families from taking their own personal photographs at special events such as end of year party, graduation, grandparent's day etc.. Please acknowledge there may be a possibility of your child's photo being taken in these situations.</p> | | |

Declaration:

I/We the below signed, as a persons whom have lawful authority of _____
(insert child's name) referred to in this enrolment form declare that the information in this enrolment form is true and correct and endeavour to

- Immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the enrolled child if he/she becomes unwell.
- Agree to not send my child if he/she is sick/unwell
- Consent to the educator's at the service seeking or where appropriate administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen,
- I agree to update any information about my child's immunisations whenever he or she is vaccinated.
- Declare that I have been shown where to find the policies, and been given the opportunity read and understand the policies of Yuluwirri Kids and will abide by those policies,
- Have read and agree with the fees, payment structure and policies of Yuluwirri Kids and agree to pay fees weekly upon invoice; Non payment may result in termination of enrolment and referral to a debt collection service for recovery and or legal action.
- I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the Child and any contact details of any medical or dental professional nominated in the Enrolment Form,
- I agree that the Child's place at the service is subject to the Priority of Access scheme as outlined by the Child Care Management System,
- I agree to the Child to be observed and programmed for by students who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- I agree that I will assist with my child's learning and the service's documentation methods by completing Family Input documentation and sharing information.
- I understand that Yuluwirri Kids Coonabarabran Preschool & Long Day Care Centre operates under the Education and Care Services National Regulations
- I Understand that Yuluwirri Kids/Connect Five-Monkey Room operates under Children (Education and Care Services) Supplementary Provisions Regulation 2012
- I understand that the Nominated Supervisor or Approved Provider may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member.

Parent/Guardian 1 PRINT FULL NAME Signature Date

Parent/Guardian 2 PRINT FULL NAME Signature Date

Parent/Guardian 3 PRINT FULL NAME Signature Date

Privacy Disclaimer

Yuluwirri Kids acknowledges and respects the privacy of its clients. The information that is being collected by Yuluwirri Kids is to process your enrolment at the service and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Yuluwirri Kids, it's authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and the service's confidentiality Policy.

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, and school stream app, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted

- by telephone on 0268 492 000
- by email yuluwirrikids@warrumbungle.nsw.gov.au or
- by mail Yuluwirri Kids, PO Box 191, Coonabarabran NSW 2357

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter and School Stream app.

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YULUWIRRI KIDS PHILOSOPHY *(Parent / Carer Agreement 2020)*



All children have a right to an education that lays the foundation for the rest of their lives, maximises their ability and respects their family, cultural and other identities and languages. That children are active and individual participants in all matters affecting their lives.

Play is very important for children. Children learn best through play. Through play babies and young children explore, discover, investigate, collaborate, research and learn about their world. Through play they find a belonging, a place to be and a place to become. We believe play is the foundation for children's development. Through play children are showing what they have learned and what they are trying to understand.

We believe that Yuluwirri Kids is a community where children learn through play, where we work in partnership with families and our community to provide quality early childhood education and care, while catering for each individual's diverse strengths, values, interests and needs.

We will achieve this through

- applying our philosophy to the centre's daily program, operations, practices, policies and
- the following goals

FOR OUR CHILDREN OUR GOALS ARE:

- To create an environment where children of all ages, genders, cultures and backgrounds feel safe, secure, happy and loved.
- To encourage children to develop by hands on experience where teachers guide and "play" becomes an education in itself.
- To foster individual development by planning programs that are the result of individual observations, and child initiated needs and interests. Educators will provide active learning environments, Intentional teaching, co-construct with children while they learn though through holistic experiences.
- To engage children to develop a life long practice of caring for our environment and each other

FOR OUR FAMILIES & THE COMMUNITY OUR GOALS ARE:

- To respect the differences between families and promote positive attitudes and values about gender, ethnicity and social backgrounds.
- To encourage the involvement of parents, family and the community in our centre as much as possible because we respect and value the important contribution they can make.
- To encourage positive communication between all parties through informal conversations, as well as formal daily records and notice boards, newsletters, Advisory Committee meetings and social events.
- To provide a quality service which meets the needs of all families, and offers a support system for parents.

Yuluwirri Kids community acknowledges and respects the traditional land owners past and present and future on which we play, learn and live.

We believe our philosophy is a growing document that we can review, discuss, reflect on and evaluate. That we can enhance our philosophy to cater for latest research, changing trends in early childhood and the continuous change of our community's needs.

*I parent _____ of child/children _____
I have read Yuluwirri Kids Philosophy. I understand that by enrolling my child at Yuluwirri Kids, all aspects of Yuluwirri Kids is guided by this philosophy, & I accept this as part of enrolling my child/children at Yuluwirri Kids*

Sign: _____ Date: _____

Date Created: January 2009 Dates Reviewed: June 2010, October 2011, November 2013, October 2015.