

SUPPORT CARE FORM

Notification of Support Care to be carried out by an approved Support Educator or Qualified Co-ordinator at the Educator's home or Mackay Family Day Care Scheme office, 23 Rae Street, Mackay.

Family Day Care Educator			
Approved Support Educator			
Qualified Co-ordinator			
Address at which care will take place			
Date and Time Care to take place			
	(Date)	(Start Time)	(End Time)
Reason for Support Care			
Parent Agreement			
I have had the reasons for my regular Educ and I hereby give permission for my child/c	_	provide care during the sp	ecified time explained to me
(Please print children's first and surnames)			
to be placed in the care of an approved person at the time/s nominated above.			
(Parent's name - please print)	(F	Parent's signature)	(Date)

This permission form must be completed in full and forwarded, along with a completed Excursion Form, if relevant, to Mackay Family Day Care Scheme by the Educator.