



CHILD OCCUPANT – ALTERNATE CARE FORM

Notification of Alternate Care of Educator's own child/ren or other child occupant.

This form must be emailed to admin@mfdc.com.au prior to the commencement of the alternate care detailed below.

Family Day Care Educator

Adult providing alternate care

Child/Children to be cared for

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Regularity of alternate care

Once only

Details
(Date) (Start Time) (End Time)

Regularly

Details
(Weekly / Fortnightly) (Day/s) (Start Time) (End Time)

Roster

Please provide the roster highlighting the days care will be provided by the other adult.

Location of alternate care

In the Family Day Care Residence

Away from the Family Day Care Residence

Agreement

I acknowledge that the information provided above is accurate and that the scheme will be notified prior to any changes to this agreement.

.....
(Educator's Signature) (Other Adult's signature) (Date)