

EDUCATOR'S OWN CHILDREN

Educators Name: Educators Signature:.....

Week No:..... From:..... /

CHILDS NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WHERE:							
TIME OUT:							
TIME IN:							

Educators please attach this form to your Payment & Attendance record each week advising us where your children are so they are not counted in your number
 s. If your children are booked into childcare permanently each week or attend school please advise us so this can be entered into harmony.
 Admin Forms 2011: Educators Own Children. Updated 17/02/17

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