



Record of Children in Family Day Care - Relative care

Service ID: Choices FDC SE- 40004524

This form is to be emailed to office weekly.

Educators Name: _____

At the end of each week after care has been given and to be in office no later than Mon 9am.

Educators Id: _____

Week ending date	Name of Parent or CCS eligible person	Name of Child Child CRN Enrolment ID	Relative status to educator e.g. grandchild	CCS eligible Under 50% Yes/No	NOT CCS eligible Over 50% Yes/No	If over 50% will you be charging fees? Yes/No	If yes, are these attendances on RA enrolment (orange)
		Name - CRN - Enrolment ID -					
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