

Form Number: E/20

CABONNE FAMILY DAY CARE 103 BANK STREET, MOLONG NSW 2866



PH: 02 6392 3219 | EMAIL: fdc@cabonne.nsw.gov.au

RELEVANT ARRANGEMENT EDUCATOR'S OWN CHILD

CHILD	NAME:						
PARENT NAME: DATE OF BIRTH:							
EXAC	T WEEKLY	<u>DETAILS</u>					
		Monday	Tuesday	Wednesday	Thursday	Friday	
	Start						
	End						
	Start						
	End						
	Total Hrs						
care of Child (Child (C	f a child that Care Subsidence Subsidence Subsidence Figure 1 of the Market Subsidence S	t does not mee y can be paid to ducator agree need to sign m y own children his only applies abonne/Blayne cluded in ratios his Relevant Ar	et the full require for care provide es to the follow y own children are included in to my own chil ey Family Day (ements for a Cored under this type ving: in and out of my the ratio, unless dren (including s Care needs to ke	mplying Written A e of agreement. care s there is anothe	nd individual for the Arrangement. No radult present to ho are under the age when educator's own are as a CCS	
• la	gree to upda	ate this Releva	nt Arrangement	if any information	on changes		
Educator Name:			Signa	Signature:		_ Date:	
Staff Name:			Signa	gnature:		Date:	
Office	Use Only						
Date b	ooking ente	red:		Booking entered	l by:		