



# FAMILY DAY CARE OPERATING TIMES

When completing this form please:

- Print clearly using a black pen
- Complete all sections
- Sign in all relevant areas

Office Use Only:

Details entered in harmony

Staff Initial: \_\_\_\_\_ Date actioned \_\_\_\_/\_\_\_\_/\_\_\_\_

## EDUCATOR DETAILS

First Name:	Surname:
ABN: _____ - _____ - _____ - _____	

## Opening times for Family Day Care service

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____ am	_____ am	_____ am	_____ am	_____ am	_____ am	_____ am
to	to	to	to	to	to	to
_____ pm	_____ pm	_____ pm	_____ pm	_____ pm	_____ pm	_____ pm

## Licensed hours of Family Day Care service

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____ am	_____ am	_____ am	_____ am	_____ am	_____ am	_____ am
to	to	to	to	to	to	to
_____ pm	_____ pm	_____ pm	_____ pm	_____ pm	_____ pm	_____ pm

## COMMENTS:

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Educator signature:	Date: ____ / ____ / ____
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