Notification of Educator to Act in Place of
Parent and Service Notification Form

Educator Name	**Family Day Care Residence/Venue Address**
Name of Educator who will be Acting in place of	**Date Educator will provide care** _____ *Please note that certificate of membership for Educator must be displayed on your notice board.*

Please tick that you have completed and supplied the following to YMCA:
O Enrolment forms for each child who will be in care with the Educator to act in place
O Educator to Act in Place of has their Harmony set up and ready
O Regular and Special Excursion Risk Management Forms completed with the Educator Acting in place of has been filled out.
O Educator has own insurance
O Educator is using the primary Educators insurance
O Educator has completed the induction process and form sent to YMCA

Parents of the children listed below have been advised of the Educator to Act in Place of providing care for their child as outlined above.

Name of Child	**Name of Parent**	**Parent Signature**

Name of Child	Name of Parent	Parent Signature

The YMCA Family Day Care Service have been advised of the above information by **YMCA Staff advised_____** **Email _____** **Date** **sent_____**	**Educator Signature: _____** **Date ___/ ___/ ____**