



Notification of Relative Form

Educator Name: _____

Parent/Guardian Name: _____

Child/ren's Name:

Relationship to Educator:

- Niece/Nephew
- Cousin
- Grandchild or Great Grandchild
- Step Children

I understand that I can only provide 50% of care as per the YMCA WA Relative Care policy.

Signed: _____ Date: _____

Name: _____

Office use only

- Document saved to Y Connect
- Noted in Educators Harmony
- Copy attached to child's enrolment
-

Staff Name: _____ Date: _____