|  |  |  |
| --- | --- | --- |
| **Family Day Care Educator Assistants** | | |
| **Full Name** |  | |
| **Address** |  | |
| **Date of Birth** |  | |
| **Contact Phone** | **(H)** | **(M)** |
| **Name of the educator to be assisted** |  | |
| **Mandatory Training Completed** | **□ Approved First Aid Training**  **Expiry Date \_\_\_/\_\_\_/\_\_\_**  **□ Anaphylaxis Management Training**  **Expiry Date \_\_\_/\_\_\_/\_\_\_**  **□ Asthma Management Training**  **Expiry Date \_\_\_/\_\_\_/\_\_\_** | |
| **Working With Children Check Number** |  | **Expiry Date \_\_\_/\_\_\_/\_\_\_** |
| **Drivers License Number** |  | **Expiry Date \_\_\_/\_\_\_/\_\_\_** |
| **Vehicle Registration Number** |  |  |
| **Date Assistant started** |  |  |
| **Date Assistant stopped** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days of operation** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Hours of operation** |  |  |  |  |  |  |  |

**REFER TO REGULATION 144- FAMILY DAY CARE EDUCATOR ASSISTANT**

Please attach driver’s license of assistant, approved first aid training certificate, asthma and anaphylaxis training certificate, a current working with children check certificate and Police Check no older than 6 months.

**“Note: All assistants must have all qualifications and have to be over the age of 18”**