|  |
| --- |
| **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”**