

## Relative Care by the Educator

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**Educator Name: Educator Address:** 

Do you have relatives enrolled in your care?						
□ Yes □ No						
Please list relatives in care. This list includes a niece or nephew; or a cousin; or a grandchild (including a great grandchild); or step-children.						
Childs Name	Relation to Educator	Date Child Started Care	Date Office was Informed	Date Child Finished Care		
l,Educator	Name	ree that within a CCS Fortnight, le	ss than 50% of my care will be Ch	ildren that are related,		
a niece or nephew; or a cousin; o		grandchild); or Stepchildren.				
Educator signature: Date:						