



Educators Notification and Approval for Short Term Visitors

Educator Name: _____ Date: _____

Expected Dates for Guests: _____ to _____

Guests Names: _____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No
_____	Age: _____	Blue Card Yes/ No

Guest Normal Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Have you explained to your guests your role as an Educators and responsibilities? Yes/No

Have you explained to your guests their roles and responsibilities while they are in your home providing Education and Care? Yes/No

Have you provided them a copy of the Brochure: Family Day Care Educators Family, Residents, Guest and Visitors Responsibilities and Expectations? Yes/No

Coordinator Approval Yes/No _____

Coordinator Signature: _____ Date: _____

Recommendations: _____

