

Centre name:

Child's Name: _____

Please confirm the daily total of ECE hours claimed at ALL services the child is enrolled at.

Is your child using ECE hours at any other service? Tick Yes ☐ No ☐

Usual hours

Days Enrolled Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	
Booked times						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

New hours

Days Enrolled Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	
Booked times						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

Permanent change ☐ Change from _____ to _____

Enrolling parent/caregiver's signature: _____ Date: ____/____/____

Teacher's Signature: _____ Date: ____/____/____

Usual hours

Days Enrolled Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	
Booked times						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

New hours

Days Enrolled Effective Date: _____	Monday	Tuesday	Wednesday	Thursday	Friday	
Booked times						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

Permanent change ☐ Change from _____ to _____

Enrolling parent/caregiver's signature: _____ Date: ____/____/____

Teacher's Signature: _____ Date: ____/____/____