

Child's Name:			Date of Enrol	ment:			
Please confirm the daily t	otal of 20 hou	rs ECE claim	ed at ALL serv	rices the child	d is enrolled	at.	
Is your child receiving 20	hours ECE at a	ny other ser	vice? Tick o	ne Yes	No		
Days Enrolled Effective Date:	Monday	Tuesday	Wednesday	Thursday	Friday		
Booked times							
						Total	Initial
20 Hours ECE at this service							
20 Hours ECE at another service							
		1			1	_	
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday		
Effective Date:						_	
Booked times							
						Total	Initial
20 Hours ECE at this service						Total	IIIItiai
20 Hours ECE at another service							
			•	-			
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	7	
Effective Date:		,		•	•		
Booked times							
						Total	Initial
20 Hours ECE at this service							
20 Hours ECE at another service							
	T	T	T	T	T	7	
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday		
Effective Date: Booked times							
booked times							
						Total	Initial
20 Hours ECE at this service							
20 Hours ECE at another service							
Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday		
Effective Date:							1
Booked times							
2011 505 1111 1						Total	Initial
20 Hours ECE at this service							
20 Hours ECE at another service		[[
Enrolling Parent/Caregive	r's Signature:			Date:			
	-						
Head Teacher's Signature	:			Date:			