



## ROSTERED 20 HRS ECE / BOOKED TIMES DETAILS

Child's Name: \_\_\_\_\_ Date of 20 ECE hrs Enrolment: \_\_\_\_\_

Please fill out boxes below with the hours attested at ALL services the child is enrolled at e.g. 4

Is your child receiving 20 ECE hours at any other service? Tick one Yes ☐ No ☐

<u>Days Enrolled</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
Effective Date: _____							
Booked times at DCCA							
						<u>Total</u>	<u>Initial</u>
20 Hours ECE at this service							
20 Hours ECE at another service							

<u>Days Enrolled</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
Effective Date: _____							
Booked times at DCCA							
						<u>Total</u>	<u>Initial</u>
20 Hours ECE at this service							
20 Hours ECE at another service							

<u>Days Enrolled</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
Effective Date: _____							
Booked times at DCCA							
						<u>Total</u>	<u>Initial</u>
20 Hours ECE at this service							
20 Hours ECE at another service							

<u>Days Enrolled</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
Effective Date: _____							
Booked times at DCCA							
						<u>Total</u>	<u>Initial</u>
20 Hours ECE at this service							
20 Hours ECE at another service							

<u>Days Enrolled</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
Effective Date: _____							
Booked times at DCCA							
						<u>Total</u>	<u>Initial</u>
20 Hours ECE at this service							
20 Hours ECE at another service							

Please sign over ➔

Child's Name \_\_\_\_\_

<b>Days Enrolled</b> Effective Date: _____	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Booked times at DCCA						<b>Total</b>	<b>Initial</b>
20 Hours ECE at this service							
20 Hours ECE at another service							

<b>Days Enrolled</b> Effective Date: _____	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Booked times at DCCA						<b>Total</b>	<b>Initial</b>
20 Hours ECE at this service							
20 Hours ECE at another service							

<b>Days Enrolled</b> Effective Date: _____	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Booked times at DCCA						<b>Total</b>	<b>Initial</b>
20 Hours ECE at this service							
20 Hours ECE at another service							

<b>Days Enrolled</b> Effective Date: _____	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Booked times at DCCA						<b>Total</b>	<b>Initial</b>
20 Hours ECE at this service							
20 Hours ECE at another service							

<b>Days Enrolled</b> Effective Date: _____	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>		
Booked times at DCCA						<b>Total</b>	<b>Initial</b>
20 Hours ECE at this service							
20 Hours ECE at another service							

**\* IMPORTANT PARENTS/CAREGIVERS:**

Please ensure that this form is signed/initialled and dated prior to start of change.

Enrolling parent/caregiver's signature \_\_\_\_\_ Date: \_\_\_\_\_

Educators name: \_\_\_\_\_ Educators signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visiting Teachers signature: \_\_\_\_\_ Date: \_\_\_\_\_