

Child's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- \* Please confirm the daily total of ECE hours claimed at ALL SERVICES the child is enrolled at. e.g. 4
- \* Please ensure that this form is signed and dated prior to Change date.

One week change ☐

Permanent Change ☐ or Change from \_\_\_\_\_ to \_\_\_\_\_

Is your child receiving 20 ECE hours at any other service? Please tick: Yes ☐ No ☐

Effective Date \_\_\_\_\_

	<u>Usual booked hours</u>		<u>ECE hrs</u>	<u>New booked hrs</u>		<u>New Booked</u>	
						20 Hrs ECE at this Service	20 Hrs ECE at another Service
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Total ECE Hours							

One week change ☐

Permanent Change ☐ or Change from \_\_\_\_\_ to \_\_\_\_\_

Is your child receiving 20 ECE hours at any other service? Please tick: Yes ☐ No ☐

Effective Date \_\_\_\_\_

	<u>Usual booked hours</u>		<u>ECE hrs</u>	<u>New booked hrs</u>		<u>New Booked</u>	
						20 Hrs ECE at this Service	20 Hrs ECE at another Service
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Total ECE Hours							

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

Educator's Name: \_\_\_\_\_ Educator's signature \_\_\_\_\_ Date: \_\_\_\_\_

Visiting Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_