



20 HOURS ECE ROSTER BOOKED TIMES

Centre Name:

Child's Name: _____ Date of Enrolment: _____

Please confirm the daily total of *20 hours ECE* claimed at ALL services the child is enrolled at.

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

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

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

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

Enrolling Parent/Caregiver's Signature: _____ Date: _____

Head Teacher's Signature: _____ Date: _____