



Change of hours

Child's name:

Date effective from:

Monday	Tuesday	Wednesday	Thursday	Friday

20 hours ECE Attestation:

Is your child receiving 20 free ECE for up to 6 hours per day, 20 hours per week at this centre? Yes No

Is your child receiving 20 free hours ECE at any other centre? Yes No

Amendments to attendance hours and days

20 HOURS ECE details for: _____ **Customer number: -**

Date of enrolment ___/___/___ **Join date** ___/___/___ **Date of update of 20 hours ECE** ___/___/___

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours
Times enrolled: (e.g. 9am-5.00pm)						
20 hours ECE at this service						
20 hours ECE at another service						

Parent/caregivers signature:

Date: