

Early Years Entitlement – Conflict Buster

Name of Child: _____ Term: _____

Name of Early Years Provider A: _____

Name of Early Years Provider B: _____

Parent	Provider A	Parent	Provider B	Provider B
How many hours have been claimed for on the headcount form of provider A	I certify that the number of hours claimed at provider A are correct	How many hours have been claimed for on the headcount form of provider B	I certify that the number of hours claimed at provider B are correct	Total Hours is not over the maximum entitlement
..... Hours	Signature Hours	Signature	Please tick <input type="checkbox"/>

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