

Parental Agreement for 3 / 4 Year Funding Claim 2022-2023

Setting Name: HETTY Pre-School

Ofsted URN: EY361734

1: CHILD'S DETAILS (As stated on Birth Certificate)

First Name		Middle Name/s	
Surname			
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic Group		SEN Provision	None Early Years Support <input type="checkbox"/> EHC Plan <input type="checkbox"/>
Address			
		Postcode	

2: DOB EVIDENCE (does the child meet the cut off for the claim period, see guidance note)

DOB Evidence		Date Seen	
Staff Name		Staff Signature	

3: ADDITIONAL DETAILS FOR 30 HOURS EXTENDED ENTITLEMENT CHILDCARE

30 Hours Eligibility Code		Parent / Carer NI Number	
Parent / Carer DOB		Parent Surname	

4: SETTING AND ATTENDANCE DETAILS

- You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them
- Your child can attend a maximum of two settings on the same site in a single day and if your child attends more than one setting we will split the funding fairly between them

Term	Spring					Term	2023	
Setting Name:	Please enter the total entitlement hours attended per day					Universal / Extended Entitlement Uni. or Ext.	Total hours per week	No. of weeks per year (e.g. 38 or 47)
	Mon	Tues	Wed	Thur	Fri			
Number of hours at setting per day								
Number of entitlement hours per day								
Funding Start Date:					Funding End date:			

My child is also attending the following settings for entitlement hours:

Total Daily Entitlement Hours								

5: EARLY YEARS PUPIL PREMIUM ELIGIBILITY FOR 3 & 4 YEAR OLDS

Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children and families in receipt of certain benefits (<https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>). This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider. If you feel that your child may qualify for the EYPP, please provide the following information for the main benefit holder to enable the local authority to confirm eligibility:

Parents / Guardian Name		Parent / Carer Signature	
Parents DOB		NI or NASS number	

Child who has left care through adoption, special guardianship or a child arrangement order
Please contact the Funding Team directly, evidence will be required

6: DISABILITY ACCESS FUND DECLARATION

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child. <https://www.gov.uk/disability-living-allowance-children/overview>

Is your child eligible in receipt of Disability Living Allowance (DLA)		Yes / No	
DLA Evidence		Date Seen	
Staff Name		Staff Signature	
If your child is splitting their entitlement across two or more providers please nominate the main setting (enter in the box below) where the local authority should pay the DAF:			

7: DATA PRIVACY

The Data Protection Act 2018 -General **Data Protection** Regulation (GDPR) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The act gives rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:

- The right to know the types of data being held
- Why it is being held, and
- To whom it may be communicated

Privacy Notice Seen by Parent / Carer	<input type="checkbox"/>	Date	
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8: PARENT / GUARDIAN DECLARATION

I (insert name) _____

of the address given above in Section 1. Confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise:

(Name of provider) _____

To claim entitlement funding as agreed above on behalf of my child.

- I agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child
- My provider has given me information about the entitlement funding and I understand it is **free** at the point of delivery and that I cannot be charged for this in advance
- A copy of the Privacy Notice has been made available to me by the above Provider
- I agree to the pattern of funded hours detailed on this form and that my child will attend regularly throughout the term and will not be absent without good reason. I will notify my provider if my child is absent. If I want to alter my child's hours or pattern of attendance I will check with my provider who will inform the Council where it affects the entitlement funding
- I understand the Entitlement is capped at 570 hours (15 hours) or 1140 hours (30 hours) each financial year and if I choose a 'stretched offer' this may limit the hours available to me if I move provider during the year
- I cannot change the provider(s) detailed within the term without permission from my provider(s) and the Council. Permission will only be given in certain circumstances. If I change provider without permission the entitlement funding will not necessary follow my child and I agree to pay the fees at the new setting until the start of the next term
- The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. I understand that if I make a false or incorrect declaration on this form that leads to an overpayment or to a duplicate claim, I will be liable to return any overpayment of funded provision and any resulting administration or legal costs

Parent / Carer with legal responsibility		Childcare Provider		
Signed		Signed		
Print Name		Print Name		
Date		Date		
Term	_____ Term 20 _____			
Setting Name:	Please enter the total entitlement hours attended per day	Universal / Extended	Total hours per week	No.of weeks per

	Mon	Tues	Wed	Thur	Fri	Entitlement Uni. or Ext.		year (e.g. 38 or 47)
Number of hours at setting per day								
Number of entitlement hours per day								
Funding Start Date:					Funding End date:			

My child is also attending the following settings for entitlement hours:								
Total Daily Entitlement Hours								

DECLARATION			
I confirm that I have re-read the Parent / Guardian Declaration in Section 8 and the Privacy Notice as detailed in Section 7 above and confirm that:			
I wish the setting named above to continue to claim entitlement funding on behalf of my child as detailed above			
Parent / Carer with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	

Term	Term 20							
Setting Name:	Please enter the total entitlement hours attended per day					Universal / Extended Entitlement Uni. or Ext.	Total hours per week	No.of weeks per year (e.g. 38 or 47)
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Parent / Carer with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	