Parent declaration form for free entitlement

You need to agree and complete this declaration form with each setting your child attends for their free 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 sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.

1. **Child's details**

|  |  |
| --- | --- |
| **Child's Legal Family Name:** | **Child's Legal Forename(s):** |
| **Name by which the child is known (if different from above):** |
| **Date of Birth:** |  | **Male/Female:** |  |
| **Address:****Post Code:** |
| **Specify document seen as proof of DoB** (eg Birth Certificate, Passport)**:** |  |
| **Document recorded by** (name of staff member): |  |
| **Date document recorded** (dd/mm/yyyy): |  |

1. **Setting and attendance details**

**My child is attending the following settings:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Setting Name(s)*** | **Please enter total free entitlement hours attended per day** | **Total number of hours per week** | **Number of weeks per year (e.g 38, 45, 51)** |
| **Mon** | **Tue** | **Wed** | **Thur** | **Fri** |
| **A** |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |
| **Total Daily Free Hours Attended** |  |  |  |  |  |  |  |

1. **Additional details for children claiming 30 hours free childcare**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer National Insurance Number** |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **30 hours eligibility code:** |  |  |  |  |  |  |  |  |  |  |  |

1. **Early Years Pupil Premium (EYPP) Registration Form**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits (please see web address in footnote). 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 believe 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:

|  |  |
| --- | --- |
| **Parent/carer Forename** |  |
| **Parent/carer surname** |  |
| **Parent/Carer Date of Birth** |  |
| **Parent/carer National Insurance Number/ NASS Number** |  |
| **Parent Carer Signature** |  |

|  |
| --- |
| **Parental declaration** * I confirm that I have parental responsibility for this child and the information given is correct.
* I understand that if I have given false information, any place offered may be withdrawn.
* I agree to checks being carried out to verify accuracy and eligibility (in relation to 30 hours)
* I understand I cannot change providers during term time without express permission of the providers (s) and the Local Authority. Contractual notice periods specified by the provider will be complied with, unless exceptional circumstances can be demonstrated
* I understand that I need to notify the nursery of any change in my circumstances which occur after I have completed this form (including change of address).
 |
| Full name of parent/carer signing the form (please print) |  |
| Signed  |  |
| Date  |  |