Early Education Funding Parent/Carer Declaration Form



1. PROVIDER DETAILS

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Name of childcare	Child start date at the	
provider	setting	

2. CHILD DETAILS

First name(s)	Legal Surname		
Preferred Surname	Gender (please tick)	Male	Female
Date of birth	Parent/Carer contact	Tel: Email:	
Home address (inc. postcode)			

Ethnic Background (We are required by law to pass the following information to the Department of Education for statistical purposes)

White British	White & Black African	Bangladeshi
White Irish	White & Asian	Chinese
Any Other White Background	Any Other Mixed Background	Korean
Traveller of Irish Heritage	Black Caribbean	Any Other Asian Background
Gypsy/Roma	Black African	Any Other Ethnic Background
White & Black Caribbean	Any Other Black Background	Prefer not to say
Pakistani	Indian	

3. TWO-YEAR-OLD FUNDING for children:

- From families receiving certain benefits
- From families with no recourse to public funds
- Other children who:
 - Are looked after by the local authority
 - Have left care through a special guardianship order (SGO), adoption or residency order
 - Receive Disability Living Allowance (DLA)
 - Have an education, health, and care plan (EHCP)

Two-Year-Old Funding eligibility code	
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4. WORKING FAMILIES' ENTITLEMENT

Childcare for working fa	amilies' code		
Parent Carer Name		Parent/Carer NI or NASS No.	

5. EARLY YEARS PUPIL PREMIUM (EYPP) registration

EYPP is an additional funding paid to childcare providers for children of families in receipt of certain benefits and children:

- currently being looked after by a local authority in England or Wales,
- or children that have left care in England or Wales through adoption, special guardianship order or a child arrangement order

The funding is used to enhance the quality of the early years' experience for the children by improving the teaching, learning, facilities and resources, with the aim of impacting positively on the children's progress and development. For more information, please speak to your childcare provider.

Complete this section if you believe that your child may qualify for EYPP. The information and signature must be of the **main benefit holder.**

Parent/Carer First Name	Parent/Carer Surname	
Parent/Carer Date of Birth	Parent/Carer NI or NASS No.	
Parent/Carer Signature		

6. DISABILITY ACCESS FUND (DAF)

The DAF is an annual payment to a childcare provider at an amount set by the government for children in receipt of Disability Living Allowance. The DAF can only be paid to one provider, once per year.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	Yes	(please supply your provider with evidence of D		
If your child is accessing their early education for more providers, nominate the provider that sho	•			

7. ATTENDANCE AND FUNDING DETAILS

	Please enter the number of hours attended each day					ded	ber of ded per (ber of led per versal ent)	claimed per (Universal titlement) number of claimed per Childcare for ng families)	er (tick if ole)	
Provider name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total number of hours attended per week Total number of hours claimed per week (Universal Entitlement)	Total number of hours claimed per week (Childcare for working families)	Stretched offer (tick if applicable)	
		(Change	es to th	e origi	nal cla	im (if a	ipplicable)			

8. DECLARATION

I, the Parent/Carer, can confirm that I have read and understood the form and 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 the provider to claim early years funding as agreed above on behalf of my child.

I understand that if I have given any misleading information on this declaration or have claimed more than the maximum entitlement with one or more providers, I may be asked to reimburse the provider(s) or my child's funded place may be taken away. I understand that if I choose to take less than the full entitlement for my child, I agree that BCP Council has no obligation to make arrangements to provide additional hours to ensure my child receives the maximum entitlement over the year.

I understand that the funded hours agreed must be used on a regular weekly basis and that funding may be withdrawn with regular non-attendance. I understand that I must notify the childcare provider of my child's absence and the reason will be recorded in the register. Providers will be paid where parents withdraw their child, for instance to go on holiday, for up to 2 weeks (or 3 weeks for children claiming a stretched offer) per funding cycle. The childcare provider may charge parents/carers for any additional week's absence, where part of their terms and conditions.

I understand that once a Parent/Carer Declaration form is signed, if my child leaves the setting or cancels their reserved place without giving the required notice period, stated in the contract between parents/carers and a provider, it may affect the Early Education Funding claim with a new provider, except where there are safety or quality concerns for which a formal complaint has been made to Ofsted and substantiated.

In addition, I give permission for BCP Council to check my eligibility status with Government departments and hold my details to make further checks to:

- · Confirm my child's eligibility and validate the Working Families Eligibility Code if applicable
- Enable the provider to confirm eligibility and to claim Early Years Pupil Premium (EYPP) if applicable
- Enable the provider to claim Disability Access Fund (DAF) for my child if applicable

I have received access to the 'Information Sheet for Parents/Carers' and I understand that if I choose to claim funding using the All Year Round Stretch method (for example 11hrs per week for 51 weeks per year), there will be a loss of some funded hours over the course of the year.

I understand that you will process personal information in accordance with GDPR and the Data Protection Act 2018 (If you would like to know how we use your information, please see the BCP Privacy Notice available on the council website).

Name of Parent/Carer:			Relationship to Child:
	(Please p	rint clearly)	
Signature:			Date:
9. INFORMATION FOR	PROVIDERS		
	audits) for at leas	st 1 year follow	cation Funding claim, must be retained for future reference ving the child leaving your care. Please note however that you claim at any time.
Please indicate which do	cuments have bee	en seen by tick	king the relevant box below:
Birth Certificate	Passport	Other	
I confirm that, to the best	of my knowledge	, this form has	s been completed correctly.
Name of Childcare Providence	der:		
Signature of Provider:			Date: