## Parent Declaration Form

3. Child's Details   Child's Legal Family Name:   Child's Legal Family Name:   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:   Obcument   Posson   Document   Posson   Document   Parents NI number:   Parents N	Total Total hours Weeks per per year
Name by which the child is known (if different from above):       in order to ensure that funding is paid fairly between them.         Date of Birth:       Male/Female:         Address:       Image: Control of the settings:       Please enter total hours per day broken down into Funded Universal (FU), Funded Extended (FE), and Private hours (PR) child is attending the following settings:         Documentary proof of Document recorded to the settings:       Please enter total hours per day broken down into Funded Universal (FU), Funded Extended (FE), and Private hours (PR) child is attending the following settings:         Date do gament recorded to the settings:       Please enter total hours per day broken down into Funded Universal (FU), Funded Extended (FE), and Private hours (PR) child is attending the following settings:         Documentary proof of Document recorded to the settings:       Prive FE       PR       FU	Total Total hours Weeks per per year
Date of Birth:       Mon       Private hours (PR) child is attending         Address:       Mon       Tues       Wed       Thur       Fi         Documentary proof of Document DoB Type (eg passport):       Document recorded by:       FU       FE       PR       FU       FU       FE       PR       FU       FU       FE       PR       FU       FE       PR       FU	hours Weeks per per week year
Address:       My child is attending the following settings:       Mon       The parent/Carer by signing this form agrees to the	per per week year
FU       FE       PR       FU <th< td=""><td>week year</td></th<>	week year
Documentary proof of Document recorded by:       Document recorded by:       B       Image: Control of Contrel of Contrel Contrel of Control of Control of Control of Control	rding the use of
Dobs       recorded by:       recorded by:         Date document recorded (dd/mm/yyyy):       30 hours eligibility code:	rding the use of
(dd/mm/yyyy):       eligibility code:       Total Daily Hours       Total Daily Hours       B. Data Privacy         5. EY Pupil Premium (EYPP) check       7. Parent/Carer/Guardian with legal responsibility       The Data Protection Act 1998 puts in place certain safeguards reg personal data by organisations, including the Department for Educ authorities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider.       7. Parent/Carer by signing this form agrees to the       8. Data Privacy	rding the use of
Parents NI number:       Parents NASS no:       Total Daily Hours       Total Daily Hours         5. EY Pupil Premium (EYPP) check       7. Parent/Carer/Guardian with legal responsibility       The Early Years Pupil Premium 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.       7. Parent/Carer by signing this form agrees to the       8. Data Privacy	rding the use of
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If you believe that your child may qualify for the EYPP please provide the following information for the main benefit holder to enable you childcare setting to confirm eligibility: <ul> <li>Parent/carer first name:</li> <li>Parent/carer last name:</li> <li>Parent/carer date of birth:</li> <li>Parent/carer NI number/NASS:</li> <li>Parent/carers signature:</li> <li>Parent/carers signature:</li> <li>Chisability Access Fund Declaration</li> </ul> <ul> <li>Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is</li> </ul> <ul> <li>It contirms that the information I have provided in the conditions set out in this document can claim Funded early education on behalf of my child. I understand that the information I have provided will be shared with the local authorities and awarding bodies information from other government departments to confirm my child's eligibility and enable this provider to claim Two year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is</li> </ul> <ul> <li>Information I have provided will be shared of my child.</li> <li>Individual carbo should be handled approvider to claim Two year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is</li> <li>Information Form other government department for my child.</li> <li>Information form other government departments to confirm my child.</li> <li>Information form child be handled approvider to claim Two year old children who are in receipt</li></ul>	ta subjects) . This includes: nold. found via: hare-research- sability Living priately. n holding
paid to the child's early years setting as a fixed annual rate of £615 per eligible child. Is your child eligible and in receipt of Disability Living Allowance (DLA)? Childcare Provider/s claiming Funding	
□ Yes □No Signed: Childcare setting Signature	Date
If your child is splitting their free entitlement across two or more providers please nominate the setting where the local authority should pay the DAF:	
Setting Name: Print name:	
Parent/carers signature: Date:	1 I