**PARENTAL/CARER/GUARDIAN AGREEMENT FOR THE PROVISION OF**

**FREE EARLY EDUCATION (FEE) for TWO, THREE & FOUR YEAR OLD CHILDREN**

|  |  |
| --- | --- |
| **Provider name:** | Fleetwood’s Charity Pre School |
|  |
| **Provider address:** | Mill Street, Preesall, Poulton Le Fylde, FY6 0NN |

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):** | **Child's NHS Number:** |
| **Date of Birth:** |  | **Male/Female:** |  |
| **Documentary proof of DoB:** | **Type** (eg Birth Certificate, Passport etc) | **Seen by** | **Copy taken y/n** |
| **Address:** | **Post Code:** |

1. **Parent/Carer/Guardian with legal responsibility Details**

|  |  |
| --- | --- |
| **Parent/Carer/Guardian legal family name:** | **Parent/Carer/Guardian legal forename(s):** |
| **National Insurance Number or (NASS No.):** | **Date of Birth:** |

1. **Agreed hours of attendance for my child**

**Placement Start Date ………………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| **Term** | **Autumn** | **Spring** | **Summer** |
| **Term Dates** | 1st September to 31st December | 1st January to 31st March | 1st April to 31st August |
| **Max No. hr/wk in term** | 210hr/14wk | 165hr/11wk | 195hr/13wk |
| **Day** | **No. hours child will attend** | **Agreed No. FEE hours** | **No. hours child will attend** | **Agreed No. FEE hours** | **No. hours child will attend** | **Agreed No. FEE hours** |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Total hours per week |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Autumn Term** | **Spring Term** | **Summer term** |
| No. of weeks FEE taken over |  |  |  |
| Term Entitlement hours |  |  |  |

1. **Notice Period and Transfer of Entitlement**

As the parent/carer/guardian of the above named child I understand that I shall be entitled to move my child from the above named childcare provider to a new provider, by giving the childcare provider at least **one month written notice** of my intention.

I also understand, that if this movement occurs after a term's "Headcount" day, any FEE entitlement allocated, for that term, to the above named child, **will not be transferred** to the new provider.

1. **Absence Monitoring**

I understand that for my child to receive the greatest benefit from the FEE entitlement, it is important my child's attendance is in line with the agreed hours detailed above. Whilst it is appreciated that absences may occur due to unforeseen circumstances, I understand that the childcare provider will report my child's absence, to my local children's centre, in accordance with the childcare provider's safeguarding policy.

1. **Take-up of Additional FEE entitlement**

Does your child take up any FEE hours at any other childcare provider? Yes/No

If Yes, please complete the following:

|  |  |
| --- | --- |
| Provider Name |  |
| Provider Address |  |
| Telephone Number |  |
| **Day** | **No. of hours child attends** | **No. of FEE hours child receives** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| **Total No. hours per week** |  |
| **No. weeks entitlement to be taken over** |  |
| **Term Entitlement hours** |  |

**Declaration** I (Name) ..........................................................................................................

of (Address) .................................. .........................................................................................

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) .................................Fleetwood’s Charity Pre School.................................................... .. to claim Free Early Education funding as agreed above on behalf of my child, who I confirm is not related (as described in the Childcare Act 2006 Ch21, pt.18) to the childcare provider. In addition I also agree that the information I have provided can be shared with Lancashire County Council to enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child.

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare Provider** |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |