

## PARENTAL AGREEMENT FOR THE PROVISION OF EARLY EDUCATION FUNDED PLACES (EEF) FOR 3 & 4-YEAR-OLD CHILDREN

### Section 1: Placement Details

Childcare provider/school name:	St Bartholomew's C of E Primary School, Nursery
Ofsted registration number:	888/3307
EEF placement start date:	
Group (for office use only):	

### Section 2: Child & Family Details

Child legal forename:		Child legal surname:	
Name by which child is known: (If different from above)		Child date of birth:	
Child ethnicity:		Child Gender:	
Child Religion:		Child's first language:	
		Child's home language:	
Child home address			Postcode
Mode of travel	Walk/train/car or van/car share/taxi/bus/other		
Proof of DOB (e.g. birth certificate/passport etc)		Proof of DOB seen by (i.e. name of staff)	
Does your child receive Disability Living Allowance as the provider will be able to claim the Disability Access Funding?	Yes	No	

Parent Carer Details		Parent/Carer 1:	Parent/Carer 2: (optional)
Legal forename(s):			
Legal surname:			
National Insurance or NASS Number:			
Date of birth:			
2YO golden ticket voucher code (Issued by LCC – 6 digits)		Working parents' eligibility code (11-digit code issued by Childcare Choices)	

Note: The parent/carers details should be completed for the **main** claimant/benefit holder to enable the local authority to confirm eligibility for 2-year-old funding, 30-hour funding and/or EYPP funding



### **Private/Additional Paid Nursery Session Prices**

	<b>3 YEAR OLDS</b>
3hr SESSION (AM or PM)	£20.00
2.5 hour session (PM)	£15
Hourly rate – if available	£6.00
<b>Weekly Contribution</b>	£3.00

### **Section 3: Early Education Funded Hours**

- Table 1 **MUST** be fully completed for all early education funded hours to be claimed, including the session times agreed and any additional charges that may apply for meals/snacks and/or consumables.
- As the government funding is not intended to cover the cost of meals/consumables parents should expect to pay for these. However, any additional charges cannot be a condition of accessing the funded hours/place.
- The childcare provider is only permitted to claim the hours that have been agreed in table 1.
- Where the total annual hours in table 1 is less than the full year entitlement of 570 universal and/or 570 extended hours the provider may agree to bank these hours to be used later in the term/year. Where this is the case the agreed hours to be banked each term **MUST** be recorded in table 2.
- A record of the actual dates that the banked hours are taken **MUST** also be kept by the childcare provider for audit purposes.

**Table 1: Early Education Funded (EEF) Weekly Hours (core funded sessions)**

Day	EEF Session Times	Total Funded Hours per Day	Early Education Funded Hours (zero cost to parent)		Additional/privately funded hours		Daily Charges for Meals/ Consumables (if applicable)
			No. of Funded Hours (3/4YO Universal Hours)	No. of Extended/ Expanded Hours (Working Families' Entitlements)	3/4 Yr. Old	Cost	
Mon	9:00-12:00						£
	12:00-1:00						
	12:30-3:30						
Tue	9:00-12:00						£
	12:00-1:00						
	12:30-3:30						
Wed	9:00-12:00						£
	12:00-1:00						
	12:30-3:30						
Thu	9:00-12:00						£
	12:00-1:00						
	12:30-3:30						
Fri	9:00-12:00						£
	12:00-1:00						
	12:30-3:30						
Total Weekly EEF Hours							
Number of weeks per year			38				
Total EEF hours per year i.e. weekly hours x no of weeks							
Hours available if banking (if applicable)							
Total Cost (if applicable)							
Total weekly charge for meals/ consumables (if applicable)							£

**Table 2: Banked Hours (if applicable)**

Term	No. of Funded Hours (3/4YO Universal Hours)	No. of Extended/ Expanded Hours (Working Families' Entitlements)
Autumn		
Spring		
Summer		
Total banked hours		
Total EEF hours per year (i.e. table 1 and table 2)		
Total Hours to be claimed in headcount (i.e. total EEF hours divided by 38 weeks)		

## Section 4: Accessing EEF Entitlement across Multiple Childcare Providers

Does your child take up any EEF hours at any other childcare provider?	YES	NO
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If **yes**, please complete the following for all the other providers where your child is accessing their EEF entitlements.

**Note:** It is the **parent/carer's** decision which provider will claim the funded hours and which provider will claim the extended/expanded hours. This is **NOT** the decision of the provider.

Name of Childcare Provider/School	No. of Funded Hours (34YO universal)		No. of Extended/Expanded Hours (working families' entitlements)	
	Per Week	Per Year	Per Week	Per Year

**Note:** the total number of EEF hours across **all** providers cannot exceed a maximum of 570 universal hours and 570 extended hours per year.

If your child is in receipt of DLA and splitting the EEF entitlements across two or more settings, please nominate the main setting who will claim the DAF

Name of setting to claim DAF .....

## Section 5: Notice Period

- I am entitled to reduce the number of funded hours outlined in this agreement or move my child from the above-named childcare provider to a new childcare provider, providing I give the childcare provider at least 6 (six) weeks written notice.
- There will be no transfer of funding within the term unless written notice has been given by the deadlines specified in section 3 of Appendix 1 - Parental Agreement Terms and Conditions of Early Education Funded Places.

## Section 6: Declaration

- I confirm that the information I have provided in this agreement is accurate and true.
- I give consent for the information contained within this agreement to be shared with Lancashire County Council (LCC) and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this childcare provider to claim the agreed funded entitlements, as outlined above, on my behalf.
- I confirm the childcare provider named above has provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

Main Person with Legal Parental Responsibility		Childcare Provider/School
Name		St Bartholomew's C of E Primary School
Address		Ash Street, Great Harwood, Lancashire
Postcode		BB6 7AQ
Email Address		<a href="mailto:bursar@st-barts.lancs.sch.uk">bursar@st-barts.lancs.sch.uk</a>
Telephone No.		01254 884534
Signature		
Date		



## **CHARGING AGREEMENT & PARENTAL AGREEMENT FOR PAID FOR OR EXTENDED PROVISION**

Name of Child: \_\_\_\_\_

### **PAYMENT REQUIREMENTS: -**

I AGREE to pay the fees for provision for at least one term. (*We require families to provide **6 weeks' notice of change** if you wish to withdraw, in order to plan staffing accordingly*).

***It will not be possible to refund unattended sessions as the space and staffing will have been allocated to your child and would not be available to allocate to another in their absence.***

### **Charging Policy**

- Great Harwood St Bartholomew's Parish CE VA Primary School Nursery will charge an advertised rate for education and activities for children accessing the group, which are advertised at Reception and on the schools website.
- Parents/carers will be informed of the fees and we require payment in **ADVANCE** either via School Money or by the use of Tax-Free Childcare Vouchers.

### **PLEASE TICK how & when you will be paying**

School Online Account (School Money) ☐

Government Tax Free Vouchers ☐ \*Please provide Ref No. \*: \_\_\_\_\_

Half Termly ☐ Full Termly ☐

- Parents have a responsibility to check their School Money accounts and make regular payments.
- Fees that remain unpaid will lose the provision of the place and action will be taken to reclaim the outstanding amount.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_



## **Medical Information**

Medical Condition(s)
Medical Note(s)

Family Doctor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Health Visitor \_\_\_\_\_

Permission for school to contact Health Visitor ☐ (please tick)

Dentist \_\_\_\_\_

(If none, please tick when 'Information on Dentists' provided.) ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_