Free Early Education Funding for 3 & 4 year olds

Parent/Carer Declaration Form



The parent/carer with legal responsibility for an eligible child must agree and complete a Declaration Form with each child care provider where the child receives early education funding. **PLEASE COMPLETE IN BLOCK CAPITALS**

| 1. Funding period this claim is | for | | Summer 2022 | Autumn 2022 | Spring 2023 |
|---|-----------------------------|--------------------------|-------------------------------|---|------------------------------------|
| 2. Child's Details | | | | | |
| Child's Legal Forename(s): | | Child's L | egal Family Nam | e: | |
| | | | | | |
| Name by which the child is known (if diffe | erent from Legal name): | Date of | Birth: | | Male/Female: |
| Full Address: | | DD | MMYY | YY | |
| | | | | | |
| | | Postcode | э: | | |
| Child's Ethnicity | | Child's S | poken Language | e(s) | |
| | | | | | |
| 3. Parent/Carer Details | | | | | |
| Legal Forename | | Legal Fa | mily name | | |
| | | | , | | |
| Full Address: *Must be same as child's | address | | | | |
| | | Desteed | | | |
| Date of Birth | Ir/Ms/Miss etc. | Postcod | | er or NASS Numbe | |
| | | Nanoria | | | |
| All 3- and 4-year-old children are entitled to | up to 15 hours per | week (Maximum 5 | 570 | | |
| hours per year) from the term following their | third birthday. If yo | ou are eligible to a | ccess | | |
| more than 15 hours per week enter your 1 1 | I-digit 30 hour eli | gibility code here | e: | | |
| 4. Claim for UNIVERSAL Funding | a (Your childco | re provider wil | complete this : | section with you) | |
| All 3 and 4-year-olds in England can get | 570 hours of free | early education | • | | |
| birthday . For more information visit www | v.southend.gov.u | <u>k/childcare</u> | | | |
| A: My childcare provider name (s) | B: Total | C: Number of | D: Number of | E: Total number of funded hours | F: Tick if you are |
| | number of hours per week | funded hours my child | funded weeks my child will | claimed in this | accessing funding |
| | my child attends | receives each week | attend this funding period | funding period (C x D) | stretched across funding period |
| | anonas | WOOK | forfaing polica | (| forfailing policia |
| А | | | | | |
| | ************ | | | | |
| You MUST provide details in section B (below) | if your child will be | receiving Univers | al funded hours af r | more than I childcar | e provider. |
| | | | | | |
| Total funded hours per week. (Must not | exceed 15 hours) | |] | | |
| 5. Claim for <u>EXTENDED</u> Funding | (Your childcore | provider will con | nnlete this sectio | n with you! | |
| A: My childcare provider name (s) | B: Total | C: Number of | D: Number of | E: Total number | F: Tick if you are |
| | number of hours per week | funded hours my child | funded weeks my child will | of funded hours claimed in this | accessing funding |

| | | attends | week | funding period | | funding period |
|----------|---|-----------------------|-------------------|---------------------|---------------------|----------------|
| А | | | | | | |
| | | | | | | |
| | | | | | | |
| You | u MUST provide details in section B (below) | if your child will be | receiving esxtend | led funded hours at | more than 1 childca | re provider. |
| You B | u MUST provide details in section B (below) | if your child will be | receiving esxtend | led funded hours at | more than 1 childca | re provider. |

receives each

attend this

funding period

stretched across

my child

| Parent/Carer Signature | Parent Carer Name | Date: |
|------------------------|-------------------|-------|
| | | |

6. Claim for Disability Access Funding (DAF)

(For more information about DAF Funding visit: http://www.southendinfopoint.org/kb5/southendonsea/fsd/family.page?familychannel=4_5 Three-and four-year old children who are currently in receipt of Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to your childcare provider at a fixed annual rate of £615 to provide additional resources to support your child.

| A | Is your child currently eligible and in receipt of Disability Living Allowance (DLA)? | Yes | No |
|---|--|-----|----|
| | Please confirm the provider where the Local Authority should pay the DAF. DAF Cannot be split or transferred between settings. | | |

7. Claim for Early Years Pupil Premium

The Early Years Pupil Premium is an additional sum of money paid to your childcare provider for children of families in receipt of certain benefits. Your childcare provider can use the additional funding for resources to help give your child the best start in life if you meet the eligibility criteria (https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities). The Council will conduct an eligibility check using the details you have supplied on this form.

8. Declaration to be completed and signed by parent/carer

- I confirm that the information I have provided is accurate and true. I understand that it is an offence to provide false or misleading information.
- I understand and agree to the conditions set out in this document.
- I have read and understood the Privacy Notice in relation to information collected by this childcare provider.
- If I decide to increase the number of hours my child attends after headcount day the Provider may charge for these additional sessions. I will be able to claim for any increased hours from the start of the next funding period, provided my child meets all entitlement criteria.
- School places: If I wish to split funding with a school and another provider, I understand that I will need to check the school nursery admissions policy to see whether the school nursery will agree to split funding. A provider may charge for the hours my child attends in excess of his/her Free Early Years Funding and for any care already provided in the term the child starts school nursery. I understand that free early years funding cannot be claimed for children who are attending reception class and/or have reached statutory school age
- Children will not be funded if they move settings during the funding period except for exceptional circumstances to be agreed by the Council.
- I must ensure my child attends the provider for the number of free hours I have claimed and I will inform the Provider of the reason for any absences. The Provider is entitled to terminate this agreement if my child does not attend regularly and/or I do not inform the provider of the reason for absence.
- I also agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other Government departments to confirm my child's eligibility for early education funding.
- I authorise this childcare provider to claim early years funding as agreed above on behalf of my child:

| Name of childcare Provider | | Date my child star | ted/will start at this provider |
|----------------------------|-------------------|--------------------|---------------------------------|
| Parent/Carer Signature | Parent Carer Name | | Date: |

9. Declaration to be completed and signed by childcare provider

| Α | Documentary proof of the child's identity, legal name and date of birth has been checked Document type (e.g. birth certificate) | | |
|------|--|--|--|
| В | | | |
| | For 3- and 4-year-olds accessing extended (up to 30 hours) funding: a valid 30 hour eligibility code is in place and I have validated the code on the Provider Portal. | | |
| | I have checked the information provided above and agree to provide the funded hours as stated. | | |
| Sigr | ed (childcare provider) Date | | |

Print Name

Job title