

EARLY EDUCATION FUNDING

15/30 HOURS PARENT DECLARATION FORM (STANDARD)

(Insert term here)



Name of Provider:

Full name of child:

Date of birth:

Address:

.....

Post Code:

Ethnic Origin:

First Language of Child:

Parent/Carer Declaration

I confirm that my child is attending this provider for:

universal hours and extended hours per week.

Complete as appropriate: my child does not attend another provider

my child attends another provider(s), who is:

1) for universal hours and extended hours.

2)..... for universal hours and extended hours.

3)..... for universal hours and extended hours.

For Change of provider only

My child has attended another provider, who is
for..... Weeks

- Reason for change:**
- Change of address
 - Change of job
 - Change in child's family circumstances
 - Not appropriate for child's needs

30 hours eligibility code:

(e.g 5000111111)

National Insurance Number / NASS Number:

(Please provide if you are eligible for the 30 hours)

DAF (Disability Access Fund) application

My child is in receipt of DLA

Proof of Eligibility (obtained by provider): photocopy of the DLA letter

Proof of Eligibility: Age Birth Certificate Other (please specify)

2 Year Confirmation of Eligibility Letter

This child left the setting on

TERMS AND CONDITIONS - PARENT/CARER

I, the parent/carer of the child named above agree that I:

- understand that the free Early Education (up to 30 hours per week) can be taken between the hours of 6.00 am and 8.00 pm, within set hours as agreed by the above provision and any hours taken over and above this must be agreed and paid to the childcare provider.
- understand that sessions cannot exceed 10 hours.
- understand that 30 hours per week of free Early Education is taken over 38 weeks from April to March as determined by the conditions and policies of the provider.
- understand that I can only access free Early Education from a maximum of 2 sites in a single day.
- understand that my child can attend more hours than the allocated free hours per week at a private, voluntary or independent establishment for an additional cost agreed between the provider and myself. This is subject to the conditions and policies of the provider.
- understand that in signing this form, I am responsible for ensuring my child uses the number of hours indicated to the provider on a regular basis and if my child does not attend on a regular basis then the allocated hours may be withdrawn.
- will notify the provider of my child's absence and the reason will be recorded in the register.
- will declare to the provider stated above the actual number of hours taken elsewhere to ensure my child is not claiming over the entitled number of hours.
- understand I cannot access free Early Education from another provider other than those stated during the term unless
 - change of address to a different area
 - change of job or shift pattern
 - change to child's family circumstances
 - provision not appropriate to the child's needs
- declare that all information given on this form is to the best of my knowledge is correct and any false information identified during the process could result in me being charged the costs by the provider.
- understand that these details will be entered onto a database and that the information will only be used by Plymouth City Council for administration and audit purposes and not passed to any third party.

Parent/Carer/Guardian with legal responsibility declaration

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/s) to claim free entitlement funding as agreed above on behalf of my child.

In addition, 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 and enable this provider to claim free early education funding on behalf of my child. Information shared with the local authority and Department for Education will not be passed onto third parties.

Parent/carer

Signature:

Print name:

Date:

Relationship to child:

TERMS AND CONDITIONS - CHILDCARE PROVIDER

I, the Childcare Provider will:

- provide the allocated hours free of charge with no additional costs, other than optional additional services which we have agreed. (A separate contract and clear pricing structure will cover the additional service).
- confirm proof of eligibility of child by sight of birth certificate, passport, NHS red book etc.
- deliver the Learning and Development opportunities appropriate for the age of the child in line with the Early Years Foundation Stage (www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00261-2008)
- will maintain a minimum of a ‘satisfactory’ level with Ofsted and comply with all Ofsted requirements (<http://www.ofsted.gov.uk/>) and will aim to provide the highest possible provision.
- provide the Early Years Service with details of the outcomes of every Ofsted inspection of the provision.
- confirm proof of eligibility for DAF by sight of the child’s DLA letter and emailing a copy to earlyyearsproviderportal@plymouth.gov.uk
- verify the child’s 30 hour eligibility code before offering a 30 hour place

Childcare provider

Signature:

Position:

Date: