

Parent declaration for the free entitlements (Early Years Education and Childcare)

1. Child's details

Child's Legal Family Name:		Child's Legal Forename(s):	
Name by which the child is known: <i>(if different from above)</i>			
Date of Birth: <i>(dd/mm/yyyy)</i>		Male/Female: <i>(M / F)</i>	
Address:		Post Code:	
Two-Year-Old Reference Number:			
30 hours eligibility code: <i>(e.g 12345678912)</i>		National Insurance number:	
<i>Sections below to be completed by setting:</i>			
Documentary proof of DoB Type: (eg Birth Cert, Passport)		Document recorded by: (name of staff member)	Date document recorded: <i>(dd/mm/yyyy)</i>

2. Setting and attendance details

You need to agree and complete a Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.

Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.

My child is attending the following settings:

	Setting Name(s)	Please enter the total funded hours attended per day					Total number of hours per week	Number of weeks per year <i>(e.g 38, 45, 51)</i>
		Mon	Tue	Wed	Thur	Fri		
A								
B								
C								
Total Daily Free Hours Attended								

3. Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. 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. If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility:

Early Years Pupil Premium (EYPP)		
	Parent/Carer 1*	Parent/Carer 2*
First Name		
Last Name		
National Insurance Number (or NASS Number)		
Date of Birth <i>(dd/mm/yyyy)</i>		
Signature		

* adults who have parental rights for the child named in this form.

4. Disability Access Fund Declaration

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 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)?:					
Yes				No	
<i>If your child is splitting their funded place across two or more providers please nominate the main setting where the local authority should pay the DAF:</i>					
Documentary proof of DAF: (DLA Number)		Document recorded by: (name of staff member)		Date document recorded: (dd/mm/yyyy)	

5. Sharing information

I agree to information being passed on to other settings where my child is receiving early education and childcare in accordance with the EYFS (2017:32). If you do not wish information to be passed on please indicate this by putting an "X" in the box.	
I agree that information linked to the progress of my child at this provider may also be passed to a Medway Children's Centre upon their request. If you do not wish information about your child to be passed onto a Children's Centre upon request, please indicate this by putting an "X" in this box.	
I agree that information linked to the progress of my child at this provider may also be passed to the school that my child begins to attend when they are old enough. If you do not wish information about your child to be passed onto the school, please indicate this by putting an "X" in this box.	

6. Declaration (by Parent/Carer/Guardian with legal responsibility)

<i>I (name)</i>	
<i>of: (address)</i>	
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	
<i>(name of provider(s))</i>	
to claim 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 Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

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

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the ICO on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>

Information I supply will be held in an electronic format by Medway Council and may be compared to data from other childcare providers and be used for statistical purposes.