**Parental Declaration for Early Years Education Entitlement**

**Setting Name: Post Code:**

|  |
| --- |
| **Please complete this form for your child, read and sign the declaration for parents and return to the setting no later than their set deadline. Please note if your child’s attendance details change between terms you will need to record them on a new form.** |

**Child Details**

Child’s Legal Forename(s) and Surname Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Proof of DoB Type *(e.g. Birth Certificate, Passport)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Year Old Voucher code *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Ethnic Origins**

Please tick the child’s ethnic origins, rather than their nationality. For example, they could be a British citizen and their ethnic (family) origins could be any of the list. If you wish to give your own description please use the space provided.

|  |  |  |
| --- | --- | --- |
| **White** | **Mixed** | **Chinese** |
| British Irish Traveller of Irish Heritage Gypsy/Roma Any Other White background  |  | White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other mixed background |  | ChineseI do not wish to complete the Ethnic Origin section |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
| **Asian or Asian British** | **Black or Black British** | **Own Description:** |
| IndianPakistaniBangladeshiAny other Asian background |  | Caribbean African Any other Black background  |  | ………………………................... |  |
|  |  |  |
|  |  |  |
|  |  |

**Information on the Universal 15 Hour Offer and Extended (30 Hours) Offer**

* The **universal (15 Hour) offer** is for every eligible 3&4-year-old child to receive up to 570 hours a year over no fewer than 38 weeks of the year, and up to 52 weeks of the year, until the child reaches compulsory school age.
* The **extended (30 Hour) offer** is for an additional 570 hours a year, over no fewer than 38 and up to 52 weeks, for the 3&4-year-old children of eligible working parents. Evidence of eligibility, in the form of an eligibility code, must be in place prior to the beginning of the term the parent wishes to claim funding for.

**Additional Details if claiming 30 Hours Free childcare:**

|  |  |
| --- | --- |
| **Parent/Carer National Insurance Number** |  |
| **30 Hours Eligibility Code***(e.g. 12345678912)* |  |

**Setting & Attendance Details**

* You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week, to ensure funding is paid appropriately between them.
* Your child can attend a maximum of two settings in a single day, and if your child attends more than 1 setting we will split the funding fairly and proportionately depending on hours attended at each.
* For 2 Year Old children, please fill in their hours in the *Total universal hours* column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Setting Name(s)** | **Please enter total FREE entitlement hours attended per day** | **Total universal hours***(max 15)* | **Total extended hours** *(max 15)* | **Tick if Stretched Offer** |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **A** |  |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |  |
| **Total Daily Free Hours** |  |  |  |  |  |  |  |  |

**Early Years Pupil Premium (EYPP)**

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 (see web address in footnote[[1]](#footnote-1) for details). This funding will be used to enhance the quality of their early years experience by improving the teaching, learning, facilities, and resources, with the aim of impacting positively on your child’s progress and development.

If you believe your child may qualify for the EYPP, please provide the following information for the **main benefit holder** to enable East Sussex County Council to confirm eligibility.

|  |  |
| --- | --- |
| **Parent/Carer First Name** |  |
| **Parent/Carer Surname** |  |
| **Parent/Carer Date of Birth** |  |
| **Parent/Carer National Insurance Number** **or NASS Number** |  |
| **Parent/Carer Signature** |  |

**Disability Access Fund**

Three & 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 nominated early years setting as a fixed annual rate of £615 per eligible child. Please note that only one setting per year may claim the DAF and it is non-transferrable once paid, until the following year.

**Is your child in receipt of Disability Living Allowance (DLA)?** Yes / No

**If your child is attending two or more providers,**

**please name the setting you wish to claim the DAF:**  ………...……………………………………………..

**Declaration**

* I *(name)* …………………………………………………………………….. confirm that the information I have provided is accurate and true, and that I have read and understood the information given to me by my provider in the “Information for Parents & Carers’ issued by East Sussex County Council.
* I authorise *(name of provider) ……..*………………………………………………………………….. to claim free entitlement funding as agreed above on behalf of my child.
* I agree that I have signed up for the funded hours with my provider and I know that I cannot make changes to these hours during the current funding period, without the agreement of my provider (as per their terms and conditions).
* I understand that funding will not be transferred to another provider within East Sussex, unless I have given my provider the required notice as set out in their terms and conditions.
* I also agree that the information I have provided can be shared with the local authority and Department of Education (DfE), who will access information from other government departments to confirm my child’s eligibility, to enable the provider name to claim Early Years Pupil Premium (EYPP) and/or Disability Access Fund (DAF) on behalf of my child.
* Information written on this form is stored on a computer and in paper format for the purpose of auditing the EYEE and is used for statistical and auditing purposes for the entitlement. **I understand that the information I provide is shared within the Children’s Services of East Sussex and local NHS agencies for purposes such as training opportunities and to ensure that all eligible children are funded.**

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare Provider** |
| **Signed** |  | **Signed** |  |
| **Print Name** |  | **Print Name** |  |
| **Date** |  | **Date** |  |
|  |
| **Signed***(term 2)* |  | **Signed***(term 2)* |  |
| **Date** |  | **Date** |  |
| **Signed***(term 3)* |  | **Signed***(term 3)* |  |
| **Date** |  | **Date** |  |

*For provider use only:*

|  |  |
| --- | --- |
| **Date of Birth Proof:***(e.g. Birth Certificate, Passport)* |  |
| **Date document recorded:** |  |
| **Document recorded by:***(name of staff member)* |  |

*This form must be retained by the provider, for the current academic year (September - August), plus 2 years from completion date and made available at the request of East Sussex County Council auditors.*

1. https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities [↑](#footnote-ref-1)