PARENT/CARER DECLARATION / PROVIDER AGREEMENT FORM FOR NURSERY EDUCATION FUNDING FOR 3 & 4 YEAR OLDS
Period 3 Summer Term 2018 - 2019 180 Universal Hours

Child's Details: To be completed by parent / carer of the child - <u>PLEASE COMPLETE ALL SECTIONS</u>

Forename:	**Middle Name(s):**
Legal Family Surname:	**Preferred Family Surname:**

Child's Permanent Address Including Post Code :

Gender: Male / Female (please circle)   **Child's Date of Birth:** ____ / ____ /_____

Child's Ethnic Origin – please tick one of the following:		**White – British** ☐	**White – Irish** ☐
White - Gypsy/Roma ☐	**White - Italian** ☐	**White - Traveller of Irish Heritage** ☐	**White - Other Background** ☐
Black or Black British - African ☐	**Black or Black British – Caribbean** ☐	**Any other Black Background** ☐	**Asian or Asian British – Bangladeshi** ☐
Asian or Asian British – Indian ☐	**Asian or Asian British – Pakistani** ☐	**Any Other Asian Background** ☐	**Chinese** ☐
Mixed – White and Asian ☐	**Mixed – White and Black African** ☐	**Mixed – White and Black Caribbean** ☐	**Any Other Mixed Background** ☐
Any Other Ethnic Background ☐	**Prefer not to say** ☐	**Not Obtained** ☐	

Please tick the appropriate box below to state whether your child has a Special Educational Need (SEND)

No Special Educational Need ☐	**SEN Support** ☐	**Education Health and Care Plan** ☐

Is your child eligible and in receipt of Disability Living Allowance (DLA)? Disability Access Fund Declaration: (See page 3 for further information)	**Yes** ☐	**No** ☐

If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF?   **Setting Name:** _____

Voucher code for 30 Hours: (if applicable)										**Code Start Date:** ___/___/_____	**Code Expiry Date:** ___/___/_____	**Code Grace Period Date:** ___/___/_____

Child's Start Date for this term: ____/____/_____   **Child's End Date for this term:** ____/____/_____

Part of stretched offer: Yes ☐   **No** ☐

My Child is attending the following settings; <u>Ofsted Registered Name please</u> *Please enter setting names in the below boxes A, B, C.* *<u>The setting you are completing this form for should be in box A</u>*	Please enter total hours per day: **(Universal 15 Hours - Uni. and Extended Hours - Ext. if applicable)** (See page 3 for further information)										Total Number of Funded Hours per week
	Mon		**Tue**		**Wed**		**Thu**		**Fri**		
Setting Names:	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	
A.											
Non Funded Hours at above setting (paid for)											Total Number of Funded Hours per week
Other Providers: *Funded Hours only*	**Mon**		**Tue**		**Wed**		**Thu**		**Fri**		
Setting Names:	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	Uni.	Ext.	
B.											
C.											

Eligible Dates of birth for Period 3	**1st April 2014 - 31st March 2016**
Central Bedfordshire Period 3 Dates	**1st April 2019 - 31st August 2019**

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Early Years Pupil Premium (EYPP) and/or 30 hours Registration: (See page 3 for further information)

In order for us to check if your child is eligible to receive the Early Years Pupil Premium and/or claim for a 30 hour place you **must** tick the relevant consent boxes and complete all other information in the table below. Please ensure that the National Insurance Number belongs to the person who is claiming any benefits, and please provide the date of birth of this person if you want to check eligibility for Early Years Pupil Premium.

☐ **I give consent for Central Bedfordshire council to check if my child is eligible to receive Early Years Pupil Premium**

☐ **I give consent for Central Bedfordshire council to check if my child is eligible to claim for a 30 hour place**

Please inform us if your child has left care (in England and Wales) through the following:		Adoption	☐
Special Guardianship	☐	**A Child arrangement order**	☐

Parent/Carer 1		Parent/Carer 2	
Last Name		**Last Name**	
First Name		**First Name**	
Date of Birth	____/____/_____	**Date of Birth**	____/____/_____
National Insurance Number		**National Insurance Number**	
National Asylum Support service (NASS) Number	/ /	**National Asylum Support service (NASS) Number**	/ /

Declaration and Submission:

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the Free Early Education Entitlement.

[ ] I understand that the free entitlement must be free at the point of delivery and that I cannot be charged for this in advance.

[ ] I understand that I am entitled to claim for no more than the maximum number of free hours for each period and that any hours my child attends over this will be charged to me by the childcare provider(s).

[ ] I have received detailed information from the childcare provider above regarding the Free Early Education Entitlement and advised of any additional services available for my child and I understand that I will have to pay fees for these services if I want to receive them.

[ ] I understand that I cannot change provider(s) within one term of this agreement, unless the reason for it is covered by the one of the circumstances detailed in the guidance notes of this form and I have advised the childcare provider and the Local Authority.

[ ] I confirm that my child will be regularly attending the nursery education hours as indicated above and that if my child is attending more than one provider; all providers and the total number of hours I am looking to claim at each provider have been listed on this form.

[ ] I understand that if I have given any false information on this declaration, I may be asked to reimburse the Provider.

[ ] I confirm that I have shown the provider proof of my child's current address and date of birth.

[ ] I confirm that I have read and fully understood the guidance for parents/ carers completing the declaration form.

Signature:		Print Name:	

🔒 By signing this form, I agree to the local authority using the information I have provided to enable my child's preschool/Nursery/childminder to claim for Nursery Education Funding for 2, 3 and 4 year olds and for the Early Years Annual Census data collection

Central Bedfordshire Council can share your information with the agencies stated below:

Central Bedfordshire Council ensures any personal data collected will be retained securely for as long as necessary and only used for legitimate Council activities to facilitate the delivery of Council services, or for the purpose of preventing and/or detecting fraud and/or crime, in accordance with the Data Protection Act 2018.

Central Bedfordshire Council's Data Protection policy is available from the website at www.centralbedfordshire.gov.uk

Organisations include:

- Central Bedfordshire Council
- Department of Education
- Health Service (e.g., Health Visitor, GP, Consultant, Hospitals and School Nurse)
- Police
- Probation Service
- Schools
- Youth Offending Services
- Children's Centres
- Mental Health Services
- Drug and Alcohol Agencies
- Housing Department
- Ministry of Housing, Communities and Local Government as part of Supporting Families Programme

Please return this form to CPEI, Watling House, High Street North, Dunstable LU6 1LF

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PLEASE DO NOT SEND THIS PAGE WITH THE PARENT DECLARATION FORM - INFORMATION ONLY

Information for Parents/carers:

This parent declaration form collects information to assess which funding you are entitled to including 15 Hours universal entitlement for three and four year olds, 30 hour entitlement for working parents, Early Years Pupil Premium and Disability Access fund. This funding agreement should be reviewed and/or updated each time the child's circumstances change or if they are eligible for a new early education and childcare Entitlement.

Universal and Extended Funding:

Universal Funding:
Free nursery education is available to all 3 and 4 year olds. The maximum Nursery Education Funding you can claim per week for each child is 15 hours. If you wish to claim the maximum 15 hours, you can do this over no more than 38 weeks of the year, which equals 570 hours in total. You can split your free nursery education hours between 2 or 3 providers if you wish. You can claim a maximum of 10 hours on one day. The minimum is 1 hour. If you use your free nursery education hours over 2 days or more, you can claim the maximum of 15 hours per week. With the agreement of your childcare provider, you can stretch your 570 hours over more than 38 weeks per year, in accordance to the funding periods we set, however over the year you will not receive more than 570 hours. This is incorrect for stretched they can potentially receive more depending on the period. Please discuss your individual requirements with your childcare provider.

Extended Funding:
Parents of three and four year olds will need to meet the criteria in order to be eligible for 30 hours free childcare. Parents to visit www.childcarechoices.gov.uk to check eligibility, parents will be notified there and then if they are entitled to a 30 hour place and issued with an 11 digit code, which will include an expiry date. Codes start with 50.…… Parents present the code to a provider who is offering some, or all the 30 hours, along with NI number. Provider will have access to undertake their own eligibility check on the portal then add the details online and on the parent declaration and on the school census (if applicable).

Setting and 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 in order to ensure that funding is paid fairly between them. Your child can attend a maximum of two settings in a single day and if your child attends more than one setting the funding will split fairly between the settings.

Early Years Pupil Premium:

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 (please see web address
http://www.centralbedfordshire.gov.uk/school/professionals/early-year-pupil-premium/criteria.aspx
This funding will be used to enhance the quality of their early years experience by improving the teaching and learning 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 ensure your details are provided on the parent declaration form under 'Additional Details for Children Claiming 30 Hours Free Childcare and/or EYPP' to enable the local authority to confirm eligibility.

Disability Access Fund:

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, if you are splitting hours with different settings it is important that you please nominate the setting you wish to receive this fund on the parent declaration form and attach a copy of your child's disability living allowance letter from DWP to the parent declaration form.