**Parent declaration form for Early Years Funding in North Somerset**

This form is for children claiming 3&4 year old funding at more than one Early Years provider.

This form must be completed before your child can start funded hours, funding cannot be backdated. All sections in bold must be completed or funding may be refused. All settings must sign the form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date the funding on this form will start** |  |  |  |
| **Child Forename** |  | **Child Surname** |  |
| **Child date of birth** |  | **Male/Female** |  |
| Eligibility code |  | NI number for the code |  |
| Ethnicity (for census) | *Example: White/Black – British or Indian* |  |  |
| **Address** |  |  |  |

If you have a 3&4yo eligibility hour code, you must agree on the split in universal and extended hours in case you lose your eligibility. Funding can only be claimed in quarter hour increments. Please note funding is pro rata, so you cannot stockpile hours for use at a later date. Funding must be term time funded at all settings or stretched funded at all settings. You cannot mix funding patterns.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Setting name** | Mon | Tues | Wed | Thurs | Fri | **Total hours** | **Weeks per year** |
| **Number of Universal hours** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |
| Number of Extended hours |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |
| Private hours |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

**Please tick as appropriate:**

|  |  |
| --- | --- |
|  | **Term Time only funding** - my child will claim term time only funding for their funded year |
|  | **Stretched funding** - my child will claim stretched funding for their funded year |
|  | **Yes** - my child has had funded hours elsewhere and I will discuss this with my setting |
|  | **No** - my child has not had funded hours elsewhere |

**Please sign and date below:**

|  |  |
| --- | --- |
| **Parent/Carer** | **Early Years Settings** |
| I understand I can be invoiced by my early years’ provider for any hours above my allowance, and I agree to the declaration overleaf. | I will monitor the weekly and funded yearly hours for this child and will claim in accordance with the North Somerset guidance and DfE statutory guidance. |
| **Signature** | **Signature** | **Signature** | **Signature** |
| **Name** | **Name and setting name** | **Name and setting name** | **Name and setting name** |
| **Date** | **Date** | **Date** | **Date** |

**Early Years Pupil Premium Check - EYPP**

The Early Years Pupil Premium is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits.

Privacy notice: <https://n-somerset.gov.uk/council-democracy/privacy-cookies/privacy-notices-people-communities/privacy-notice-early-years-pupil-premium>

If you believe that your child may qualify for the EYPP please provide the following information for the main benefit holder to enable you childcare setting to confirm eligibility:

|  |  |
| --- | --- |
| Child’s name |  |
| Parent / Carer first name |  |
| Parent / Carer surname |  |
| Parent / Carer date of birth |  |
| Parent / Carer NI number / NASS number |  |
| Signature of the above parent/carer |  |
| Date |  |

**Disability Access Fund – DAF**

Children who are in receipt of child Disability Living Allowance and are receiving the free entitlement may be eligible for the Disability Access Fund (DAF).

If your child eligible and in receipt of Disability Living Allowance (DLA) please fill in the following. You will need to provide a copy of the DLA to your early years setting:

|  |  |
| --- | --- |
| Child’s name |  |
| Name of setting nominated to claim DAF |  |
| Parent / Carer signature |  |
| Parent / Carer name |  |
| Date |  |

**Parent declaration -** The parent/carer by signing this form agrees to the following:

I confirm that the information I have provided is accurate and true. I understand the conditions set out in this document and I authorise the childcare providers recorded on this document to claim funded early education on behalf of my child. I understand that the information I have provided will 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 entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

**Data Privacy:**

The Department for Education has legal powers to collect the pupil, child and workforce data that schools, local authorities and awarding bodies hold. Information on how the department collects and shares data can be found via: <https://www.gov.uk/guidance/data-protection-how-we-collect-and-share-research-data>

North Somerset Council Privacy Notice for Early Years funding: <https://n-somerset.gov.uk/council-democracy/privacy-cookies/privacy-notices-people-communities/privacy-notice-early-years-funding>)