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| **1.** | **Child’s Details** | | | | | | | | | | | | | | |
| Child’s Legal Family Name: | | | | |  | | | | | | | | | | |
| Child’s Legal Forename(s): | | | | |  | | | | | | | | | | |
| Name by which the child is known:  *(if different from above):* | | | | |  | | | | | | | | | | |
| Date of Birth: *(dd/mm/yyyy)* | | | | |  | |  | |  | | Male/ Female | |  | | |
| Address: | | | | |  | | | | | | | | | | |
| Postcode: | | | | |  | | | | | | | | | | |
| Documentary Proof of DOB Type:  *(e.g. Birth Certificate, Passport)* | | | | |  | | | | | | | | | | |
| Document Recorded by:  *(Name of Staff member)* | | | | |  | | | | | | | | | | |
| Date Document Recorded:  *(dd/mm/yyyy)* | | | | |  | | | | | | | | | | |
| 30 hrs eligibility code: (e.g. 12345678912) | | | | | | | | | | | | | | | |
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| **2.** | **Parent/ Carer/Guardian Details** | | | | | | | | | | | |
| **Parent/ Carer/Guardian 1** | | | | | | | **Parent/ Carer/Guardian 2** | | | | | |
| Mr/Mrs/Other | |  | | | | | Mr/Mrs Other |  | | | | |
| Legal Family Name | |  | | | | | Legal Family Name |  | | | | |
| Legal Forename (s) | |  | | | | | Legal Forename (s) |  | | | | |
| Address (if different from above) | |  | | | | | Address (if different from above) |  | | | | |
| Postcode (if different from above) | |  | | | | | Postcode (if different from above) |  | | | | |
| Gender | |  | | | | | Gender |  | | | | |
| Telephone | |  | | | | | Telephone |  | | | | |
| Email | |  | | | | | Email |  | | | | |
| Relationship to Child | |  | | | | | Relationship to Child |  | | | | |
| National Insurance Number | |  |  |  |  |  | National Insurance Number |  |  |  |  |  |

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| **3.** | **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 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 total free entitlement hours attended per day | | | | | | | Total number of hours per week | Number of weeks per year (e.g. 38,45,51) |
| **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| **Name of Provider : A** | | **Universal**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| **Extended**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| **Name of Provider : B** | | **Universal**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| **Extended**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| **Name of Provider : C** | | **Universal**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| **Extended**  **Entitlement** |  |  |  |  |  |  |  |  |  |
| Total daily Free Hours Attended | | |  |  |  |  |  |  |  |  |  |

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| **4.** | **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: | | |
| Mr/Mrs/Other | |  |
| Legal Family Name | |  |
| Legal Forename (s) | |  |
| Date of Birth | |  |
| National Insurance Number/ NASS Number | |  |
| **Parent/Carer Signature** | |  |

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| **5.** | **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)?** *Please tick* | | **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:** | | | | | |
| **Name of Nominated Provider:** | | | | | |
| ***\*If your child is eligible, please complete the Early Years Disability Access Fund Form*** | | | | | |

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| **6.** | **Parent/Carer/Guardian with legal responsibility declaration** | | |
| **Declaration** | | | |
| **Name:** | | | I, |
| **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 your 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** | | | |
| Signed | |  | |
| PRINT NAME | |  | |
| Date | |  | |
| **Childcare Provider** | | | |
| Signed | |  | |
| PRINT NAME | |  | |
| Date | |  | |
| **7.** | **Data Privacy** | | | |
| The Childcare Provider shall comply fully with its obligations under the Data Protection Act 1998 | | | | |