

Parental Declaration Form
Early Years Entitlements: 2, 3 & 4 year old funding

Provider Name:

CHILD DETAILS: please fill out your child's details

Forename:

Surname:

Middle Names:

Preferred Surname:

DOB: __/__/____

Provider: DOB Evidence seen: Birth Certificate Passport

Address:

Postcode:

2 Year Old Code: _____

Gender: M / F / Not Known / Not Specified

SEN Provision: Y / N

If yes, please circle: SEN Support / Education, Health and Care Plan

Ethnicity codes – Tick one box only

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed, White & Black Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed, White & Black African | <input type="checkbox"/> Black, Caribbean |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Mixed, any other mixed background | <input type="checkbox"/> Black, African |
| <input type="checkbox"/> White, any other background | <input type="checkbox"/> Asian, Indian | <input type="checkbox"/> Black, other black background |
| <input type="checkbox"/> Gypsy Roma | <input type="checkbox"/> Asian, Bangladeshi | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian, Pakistani | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Mixed White and Asian | | <input type="checkbox"/> Information Not Yet Obtained |

Please fill out the parent/carer details below: By completing this section you are giving permission for the local authority to check eligibility for any additional funding your child may be eligible for (this includes Early Years Pupil Premium and 30 hours funding).

PARENT /CARER DETAILS: please fill out parent / carer details

Parent/carer 1 name:

Parent/carer 2 name:

Parent/carer 1 National Insurance No (or NASS if applicable): _____

Parent/carer 2 National Insurance No: (or NASS if applicable): _____

Parent/carer 1 DOB: __/__/____

Parent/carer 2 DOB: __/__/____

To apply for a 30 hour code visit:

<https://www.childcarechoices.gov.uk/>

30 Hour eligibility code: _____

IMPORTANT - To keep getting your 30 hours free childcare or Tax-Free Childcare, you must sign in every 3 months and confirm your details are up to date. Please sign in here: <https://www.gov.uk/sign-in-childcare-account>. You will be contacted via your HMRC Childcare account to renew your code.

If you do not confirm your eligibility at least every 3 months, your funding may stop. Please note, the local authority do not remind parents to check their eligibility.

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FUNDING DETAILS – please fill out the hours you have agreed your child will receive at each setting they attend.

Funding start date: __ / __ / __

Provider note: Funding can be claimed after the child starts attending.

Names of all childcare providers currently used:	Please enter total funded entitlement hours claimed per week at each setting		Total number of hours claimed per week	Stretched offer? (12 / 24 hours a week) Tick against ALL settings this applies to.
	Universal Hours	Extended Hours (if eligible)		
Provider 1: <i>e.g. Lily pad childcare</i>	15		15 max	
Provider 2: <i>e.g. Brown Owl Nursery</i>		15	15 max	

Has this child attended another setting before starting at the above? **YES / NO**
 If yes, what date was notice given? __ / __ / __ What date does their notice period end? __ / __ / __

Provider note: You must contact the previous/other provider to ensure that no over claim of hours occurs.

Universal hours allowance – 570 hours a year (maximum)
Extended hours allowance – 570 hours a year (maximum)
Standard offer – 570 hours provided over 38 weeks in the year which is 15 hours a week.
Stretched offer – 570 hours provided over 47.5 weeks in the year (inc school holidays) which is 12 hours a week.

Total un-funded hours per week (these are the hours the parent is required to pay for): _ _ _ _

Provider note: If the number of hours per week changes, providers must amend this form, ask the parent to re-sign and date the form and state the date when the change happened.

Is your child in receipt of disability living allowance: **Y / N**

DISABILITY ACCESS FUNDING (DAF) 3 and 4 year olds only – if your child is in receipt of disability living allowance your provider can claim £615 a year to support them in making reasonable adjustments to your child's provision.

Do you nominate this provider to receive DAF? Y / N – If you attend more than one setting you can only nominate one provider to receive DAF. Please provide your nominated provider with a copy of the DLA certificate.

PARENT & PROVIDER DECLARATION:

I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim.

Parent Name: _____

Parent Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner. For more information about how we use your personal details please see our Privacy Notice here:

<https://www.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services->