

# Parent Agreement Form – Funded Places (2-4yr olds)

To be completed by the parent/carer if the provider is claiming funding Early Years Free Entitlement for the child named below:

Section 1: Child Details	
Setting/Provider Name:	
Child's First Name(s):	
Child's Surname:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	Country of Birth: <input type="text"/>
Child's Full Address:	<input type="text"/>
Post Code:	<input type="text"/>
30hrs Eligibility Code:	<input type="text"/>
Date started at setting:	<input type="text"/>
Proof of child's identity and age provided by parent/carer <input type="checkbox"/>	

## Section 2: Parent/Carer Details

Information in this section will be used by Haringey Council to check for eligibility to claim Early Years Pupil Premium (EYPP) funding from central government. It will not be used for any other purpose, and will remain confidential.

Title	Parent/Carer First Name	Parent/Carer Surname	Date of Birth (DD/MM/YYYY)	National Insurance Number or NASS Reference Number																
Miss	Example - Daisy	Duckworth	07/04/1982	Z	F	3	9	2	1	6	8	A								

**Note:** If a parent/carer has indicated that their child belongs to one of the following eligible groups, please tick the box below to confirm you have seen a copy of the paperwork:

- Has been adopted from care
- Has left care through special guardianship arrangement
- Has left care and is subject to a child arrangement order

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## Section 3: Disability Access Fund Declaration (DAF)

3-4 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 at a fixed annual rate of £615.00 per eligible child.

Is your child eligible and in receipt of Child Disability Living Allowance (DLA)?

- 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 DAF:

Name of Setting: \_\_\_\_\_

## Section 4: Early Years Free Entitlement Details

This funding is for a maximum of 38 weeks a year only, and a maximum of 15/30hrs per week can be claimed. Providers can agree with Parents/carers to stretch this offer over the year – but it’s not mandatory.

Your child can attend a maximum of two childcare settings in a single day and if your child attends more than one setting; funding will be split fairly between the two. Complete the appropriate section for your circumstances below:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total No. of Hrs/Wk.	Please state type of funding claimed (Universal or Extended)
	Mon	Tue	Wed	Thur	Fri		
A							
B							
<b>Total Daily Free Hours Attended</b>							

Funding period - Please tick the relevant box below for terms attended:

- Autumn Term                       Spring Term                       Summer Term

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## Section 5: Parent/Carer Declaration

Declaration I (Name) \_\_\_\_\_

Of (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. They will access information from other government departments to confirm my child’s eligibility; and enable this provider to claim the Extended Entitlement, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on his/her behalf.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed:		Signed:	
Print Name:		Print Name:	
Date:		Date:	

## Section 6: Terms and conditions for parents/carers

I have read and agree to the following terms and conditions:

1. The information contained on this form is accurate and true; and if any of the information changes I will inform the provider in writing.
2. I understand that the provider will offer my child the above agreed entitlement without any charge to me.
3. I understand the provider will charge me for any additional services that my child uses beyond the funded entitlement e.g. extra hours, lunch, etc.
4. I understand that my child’s attendance should be regular and that I will inform the provider of his/her absence if they are unwell.
5. I understand that I will be required to give appropriate notice to the provider of my intention to move my child to another setting or leave.
6. I understand that my NI or NASS number will be checked against the national database to confirm eligibility for a Free for 2’s, Early Years Pupil Premium for 3-4year olds or 30hr extended entitlement.
7. I understand that my details will be held securely, in accordance with the principles of the Data Protection Act 1998.

**All completed forms are to be retained by the childcare provider. The Local Authority will carry out periodic audits and will ask to see evidence of children claiming the free**