



The information given in this form provides the required written consent from the parent to enable the provider to check the eligibility code for the 30 hour offer. Providers must check the parent’s eligibility code before offering the parent a 30 hour place.

If a successful check is made and the parent takes up a place with the provider it is expected that the full parent and provider agreement and child registration paperwork is completed. The Local Authority may request a copy of this form as part of the auditing process.

<b>Provider Name</b>	
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**Section 1: Child’s Details**

Child’s Legal Family Name/Surname		Child’s Legal Forename	
Name by which child is known if different		Child’s Date of Birth	
Male / Female		Ethnicity	
Full Address		Documentary proof of Date of Birth (e.g. Birth Certificate /passport)	
Post Code		Document recorded by (name of staff member)	
Telephone		Date documentary proof recorded	

**Section 2: Eligibility Proof**

30 hour eligibility code:	
Parent/Carer National Insurance Number:	

**Section 3: Parent/Carer’s Declaration**

<b>I agree to the setting validating my eligibility code with the Local Authority.</b>			
Name (Please print)			
Signed		Date	

## PARENTAL & PROVIDER AGREEMENT FOR FREE ENTITLEMENT HOURS FOR ELIGIBLE 3 AND 4 YEAR OLD CHILDREN

The information requested is mandatory except for Section 5 and 6. Both the Parental and Provider declarations must be completed in full.

This agreement sets out the arrangement made by the parent/carer and the provider for accessing/providing the free entitlement hours for eligible 3 and 4 year old children.

The information provided will also be used by the Provider to claim funding and if applicable the Early Years Pupil Premium (EYPP) and Disability Access Funding for eligible 3 & 4 year olds. The Local Authority may request a copy of this form to support the funding claim and as part of the compliance function they perform to check that the funding is being claimed appropriately.

<b>Provider Name: Our Lady &amp; St Edwards Catholic VA School</b>	<b>Date</b>
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### Section 1: Child's Details

Child's Legal Family Name/Surname	Child's Legal Forename
Name by which child is known if different	Child's Date of Birth
Male / Female	Ethnicity
Full Address	Documentary proof of Date of Birth & Eligibility: (e.g. Birth Certificate/passport)  <b>Evidence seen</b> (provider to initial) <input type="text"/>
Post Code	
Telephone	

Have you previously accessed or are you currently accessing the free entitlement hours for this child with any other Provider? If you have and you do not give full disclosure you could invalidate your claim for the free entitlement hours with this provider.

If **No** complete Section 3

If **Yes** Complete Section 4

### Section 3: New Claims

New Child: A child that has not taken up a funded place with any Provider.	Yes / No
New to the City	Yes / No
Date Starting	

#### Section 4: Transfer from another Early Years Provider

(It is the responsibility of the new provider to ascertain that the child is not in breach of any Parent/Carer Agreement with the previous provider)

Reasons for transfer		
Unexpected relocation in Nottingham City (e.g. fleeing domestic abuse, interim accommodation in another area of the city following homelessness)		Yes / No
As a result of child protection the child is placed in the care of others such as foster care		Yes / No
Change of family circumstances (e.g. house move/relocation due to job change)		Yes / No
Changing shift/work pattern		Yes / No
Checks		
Name of previous Provider		
Satisfied a notice period was given to the previous Provider?		Yes / No
Agreed to waive notice period with previous Provider?		Yes / No
Agreed Leave date with previous provider		Yes / No
Start Date with New Provider		

#### Section 5: Setting and attendance details

- You need to agree and complete this 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.
- You can claim less than the full entitlement if you wish.
- Funded entitlement hours are funded for the equivalent of 38 weeks of the year (i.e. max funding of 570 hours per year for 15 hours universal per week or max of 1,140 hours per year for 30 hours).
- A maximum of 10 hours can be claimed in any 1 day.

Please state the number of free hours the child will attend for the period of this agreement

Setting Name	Total Free Entitlement Hours Per Day							Total Number of hours per Week	Number of Weeks Per year
	SSu	MM	tT	WW	TT	FF	SSa		
1.									

2.									
3									
<b>TOTAL</b>									

**30 hours only: Where a child is attending more than one setting please specify which setting(s) you wish to receive your universal 15 hour entitlement should you become ineligible for the 30 hour entitlement.**

<b>Setting Name(s)</b>	
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### Section 6: Early Years Pupil Premium (EYPP)

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.

*The information you provide in this section of the form is voluntary and will only be used to determine eligibility for EYPP. The information provided will not affect any benefits you may be entitled to.*

#### Parent / Carer Details

Do you have parent/carer responsibility for the child stated overleaf	Yes	No
Is your family income under £16,190 per year?	Yes	No

If you have stated **yes** to the above you may qualify for EYPP. Please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility:

Please provide

<b>Parent/Carer – relationship to child : MOTHER / FATHER / CARER (please circle)</b>									
Parent Forename									
Parent Surname									
Date of Birth	DD		MM			YY			
National Insurance or National Asylum Support Service number.									

### Section 7: 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.

Is your child in receipt of Disability Living Allowance (DLA)?	Yes	No
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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

**Section 8: Parent's Declaration**

Parent to ✓ the box

- I understand that my child's funded early learning will be delivered without charge and that the free hours will be claimed on my behalf by the provider from the Local Authority.
- I understand that my child can attend multiple settings, but that my child can only attend two sites in the same day in order to protect my child's wellbeing.
- I have received detailed information about the additional services and understand I may incur a cost for any additional hours/services over and above the funded entitlement that my child receives (e.g. activities outings/trips).
- I understand that my child's attendance should be regular and that a minimum of 85% attendance a term is expected. I will inform the provider if my child does not attend (e.g. due to sickness, dentist/doctor appointment). I am aware if I do not ring or contact the provider they will follow Local Authority procedures.
- I declare that the status of my child as a new starter/ transferring place is correct.
- I understand that I cannot move my child during the term unless there are exceptional circumstances.
- I understand that my personal information is held securely and will be used for claiming funding from the Local Authority.
- I agree to the Local Authority using this information to enable my child's Early Year's Provider to claim the funding my child is entitled to in the current and future academic years for the purposes of Early Years Pupil Premium. The Local Authority may also use this information to check my child's entitlement for School age Pupil Premium during the academic years when my child is in school.
- The information I have given on this form is complete and accurate and I understand that a copy of this agreement can be made available from my Early Years Provider on request
- *I confirm that the above information has been explained to me; that public funds must be protected and that the information provided may be used to prevent and detect fraud. I understand that it might be necessary to share this information with other organisations and local authorities that handle public funds. I understand that any false or incorrect information could lead to funding being withdrawn.*

**Parent/Carer's Declaration**

Name (please print)

Signed

Date

