

**Early Years Education -
Parent Declaration form
Eligible 2 / 3 and 4 year old children**



**Hampshire
County Council**

Part one: Provider details

Provider name Ofsted or DfE URN

Part two: Child information

Legal name of child

Date of birth Unique reference number (if 2YO)

Ethnicity code First Language Gender Male Female

(see notes on page 4 for codes)

Address

Post code

Part three (a): Claim details

If you are claiming **up to 15 hours** a week **up to 38 weeks** in a year, tick this box Standard

If you are claiming **less than 15 hours** a week **over more than 38 weeks** in a year tick this box Stretched

Which funding periods does this claim cover (please insert the year):

Spring 20 _____ 01 January to 31 March	Summer 20 _____ 01 April to 31 August	Autumn 20 _____ 01 September to 31 December
--	---	---

Claiming from (date)	<input type="text"/>	Claiming to (date)	<input type="text"/>			
I have agreed with the provider that my child will attend the following hours each week as below:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
All hours attending each day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many funded hours per week have you agreed with the provider to claim for your child?						<input type="text"/>
If you are claiming for your child at a second setting, how many hours per week are you claiming?						<input type="text"/>

Claiming from (date)	<input type="text"/>	Claiming to (date)	<input type="text"/>	updated	<input type="checkbox"/>	
I have agreed with the provider that my child will attend the following hours each week as below:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
All hours attending each day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many funded hours per week have you agreed with the provider to claim for your child?						<input type="text"/>
If you are claiming for your child at a second setting, how many hours per week are you claiming?						<input type="text"/>

Claiming from (date)	<input type="text"/>	Claiming to (date)	<input type="text"/>	updated	<input type="checkbox"/>	
I have agreed with the provider that my child will attend and claim the following hours each week as below:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
All hours attending each day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many funded hours per week have you agreed with the provider to claim for your child?						<input type="text"/>
If you are claiming for your child at a second setting, how many hours per week are you claiming?						<input type="text"/>

Part three (b): Claim details second provider

If you have indicated that you are claiming hours at a second provider, please provide details below.

Name of second provider	
Address of second provider	
Post code	
Phone number	
Email address	

Part four: Early Years Pupil Premium Registration - 3 & 4 year olds only

To help your provider access more funding, please answer Q1 and Q2 to find out if your provider can claim EYPP funding for your child. This does not affect your free Early Years Education funding claim.

Q1 ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENT ORDER

Has your child left local authority care through adoption, special guardianship or a child arrangement order? Yes No

If yes, have you been granted an adoption order by the courts yet? Yes No

Where available please attach a copy of the relevant court order to this application. Order attached

If you have answered 'No' to Question 1 please go to Question 2 below.

Q2 FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income under £16,190 per year?

Yes No

If you have answered "No" please go to Part five "Declaration and Signature"

If you have answered "Yes" please place a tick against any of the benefits listed below that you are in receipt of:

<input type="checkbox"/>	Income Support
<input type="checkbox"/>	Income based Jobseekers allowance
<input type="checkbox"/>	Income related Employment and Support Allowance
<input type="checkbox"/>	Child Tax Credit (providing you're not also entitled to Working Tax Credit with an annual gross income of no more than £16,190)
<input type="checkbox"/>	Working Tax Credit run-on, paid for four weeks after you stop qualifying for Working Tax Credit
<input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999
<input type="checkbox"/>	The guaranteed element of State Pension Credit

Q3 Only complete if you have answered Yes to Q1 or Q2. Parent/Guardian Details (if claiming based on economic criteria this must be the name of the individual in receipt of the benefits indicated in Q2 above)

Title	Mr / Mrs / Miss / Ms / Other										
First name											
Last Name											
Date of birth	DD	MM	YYYY								
National Insurance Number*											
National Asylum Support Service (NASS) Number *			/		/						
Relationship to child											
Contact telephone number											
Address											
											Postcode:

* Complete as appropriate

Part five: Declarations

Important information for parents/carers – conditions of claiming Early Years Education Funding

1. You must show your provider evidence of your child’s date of birth to confirm their eligibility for funding.
2. If your child is a 2 year old you must also show your provider confirmation of your child’s eligibility. You cannot claim before the date your eligibility has been confirmed.
3. Your child’s count of 570 EYE hours starts the funding period after your child’s 2nd, 3rd and/or 4th birthday
4. You cannot claim more than 570 hours in any eligibility period across all settings that you attend.
5. If your child attends less hours than are available for EYE in any one funding period you cannot carry forward those hours that have not been claimed into the next funding period.
6. You cannot claim less than 2.5 hours or more than 10 hours per day.
7. You cannot claim more than 15 hours in any one week.
8. You cannot make a claim with more than two providers.
9. You must tell your provider if your child is attending and claiming early years education funding at another provider.
10. You must inform your provider if you intend to leave this setting and the date your child is leaving, as this may affect your ability to claim funding at another provider

Parent Declaration:

- I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn and I understand that I may be liable for fees and charges at the setting.
- I have read and understand the important information for parents/carers - conditions for the claiming Early Years Education Funding for my child and I know I can notify any breaches of the conditions by telephoning 01962 847070 or emailing: childcare@hants.gov.uk
- I know I will have to pay for any additional time and/or meals taken here.
- I agree that Hampshire County Council (HCC) will use the information provided process my claim for Early Years Pupil Premium and will contact other sources as allowed by law to verify my entitlement.
- I agree that the information may be used to ensure accuracy of records held by the local authority and to check against fraud.
- I understand that whether I use this scheme or not, it will not affect any of the welfare payments/benefits I may be entitled to.
- I know HCC will hold the details I provide electronically for checking and planning purposes, including admissions to school and with the Department for Education and may use these for contacting me regarding my Early Years Education Funding claim.
- I have seen the HCC privacy/data protection notice at the setting.
- I have informed this provider of any arrangement that has been made to defer my child’s entry into school and know that the provider, myself and the head teacher will need to ensure good transition arrangements for my child.
- **I have agreed the start date, attendance pattern and overall claim outlined in part three.**

Parent Signature

Date

Print name

Setting declaration:

I know that in claiming Early Years Education funding from the Council I am confirming my acceptance of the Early Years Education Payment Funding Terms and Conditions September 2016 Version 1.2 as advertised on the SfYC Website: <http://www.hants.gov.uk/providers/eye-eyeff/eye-funding.htm>

- I have agreed the attendance pattern, start date and overall claim outlined in part three.

Provider name

Signature

Date

Print name

Position

Manager / Owner / Chair of committee

Additional notes for completion

You should complete this form in order to give permission to your chosen provider to claim the funding from the local authority for the hours you wish to use.

When will my child be eligible for free early years education?

Free part-time early years education starts in the funding period after your child's second birthday (if the eligibility criteria is met), or for all children after their third birthday.

Child's Birthday	Eligible birthday year starts
1 January - 31 March	1 April
1 April - 31 August	1 September
1 September - 31 December	1 January

Ethnicity codes

Ethnicity	Code
White British	WBRI
Bangladeshi	ABAN
Indian	AIND
Pakistani	APKN
Any other Asian background	AOTH
Black African	BAFR
Black Caribbean	BCRB
Any other Black background	BOTH
Chinese	CHNE

Ethnicity	Code
Any other Mixed background	MOTH
White and Asian	MWAS
White and Black African	MWBA
White and Black Caribbean	MWBC
White Irish	WIRI
White Traveller of Irish Heritage	WIRT
Any other White background	WOTH
Gypsy/Roma	WROM
Any other ethnic group	OOTH
Do not wish to disclose	REFU