

Parental Declaration for 2, 3 and 4 Year Old Funded Entitlement

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:		Male/Female:	
Address:		Post Code:	
Documentary proof of DoB Type (e.g. Birth Certificate, Passport):		Document recorded by (name of staff member):	
Date document recorded (dd/mm/yyyy):			

2. Additional details for children claiming 30 hours free childcare

Parent/carer National Insurance Number		30 hours eligibility code: (e.g. 12345678912)	
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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.

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		
A							
B							
C							
Total Daily Free Hours Attended							

4. Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP)⁴ is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits (please see web address in footnote). 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 Northumberland County Council to confirm eligibility:

Parent/carer First Name		Parent/carer Surname	
Parent/carer Date of Birth		Parent/carer National Insurance Number/NAS S Number	

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)?⁵:

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:

4. <https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>

Data protection, privacy and data sharing

By signing below, I agree and consent that the information I have provided above can be shared with Northumberland County Council and the Department for Education. They will access information from other government departments to confirm my child’s eligibility and enable this early years setting to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child. I acknowledge that, where my child moves to a new setting, the above information can also be shared with them.

I understand that this personal information is held securely and will be used to ensure that this setting receives the statutory funding from the Council which it is eligible for. My eligibility for funding and any change to that eligibility will be shared with this setting. I understand that my consent to this information sharing can be withdrawn at any time, by contacting the setting and the Council.

If you want to see a copy of the information this setting holds and shares about you then please contact us. Further information regarding how the Council will use the information shared with them can be found on the “Early Years Education” section of their website:

<http://www.northumberland.gov.uk/About/Contact/Information.aspx#privacynoticesdataprotectionforschoolsotherchildrensservices>

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.

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