

Parental Declaration for Early Years Education Entitlement

Setting Name: Post Code:

Please complete this form for your child, read and sign the declaration for parents and return to the setting no later than their set deadline. Please note if your child's attendance details change between terms you will need to record them on a new form.

Child Details

Child's Legal Forename(s) and Surname Name: _____

Date of Birth: ____/____/____ Proof of DoB Type (e.g. Birth Certificate, Passport): _____

Gender: _____ Address: _____

2 Year Old Voucher code (if applicable): _____ Postcode: _____

Child Ethnic Origins

Please tick the child's ethnic origins, rather than their nationality. For example, they could be a British citizen and their ethnic (family) origins could be any of the list. If you wish to give your own description please use the space provided.

White	Mixed	Chinese
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	I do not wish to complete the Ethnic Origin section <input type="checkbox"/>
Traveller of Irish Heritage <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
Gypsy/Roma <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>	
Any Other White background <input type="checkbox"/>		
Asian or Asian British	Black or Black British	Own Description:
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
Any other Asian background <input type="checkbox"/>		

Information on the Universal 15 Hour Offer and Extended (30 Hours) Offer

- The **universal (15 Hour) offer** is for every eligible 2,3&4-year-old child to receive up to 570 hours a year over no fewer than 38 weeks of the year, and up to 52 weeks of the year, until the child reaches compulsory school age.
- The **extended (30 Hour) offer** is for an additional 570 hours a year, over no fewer than 38 and up to 52 weeks, for the 3&4-year-old children of eligible working parents. Evidence of eligibility, in the form of an eligibility code, must be in place prior to the beginning of the term the parent wishes to claim funding for.

Additional Details if claiming 30 Hours Free childcare:

Parent/Carer National Insurance Number	
30 Hours Eligibility Code <i>(e.g. 12345678912)</i>	

Setting & 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, to ensure funding is claimed on your behalf by your childcare provider.
- Your child can attend a maximum of two settings in a single day, and if your child attends more than 1 setting we will split the funding fairly and proportionately depending on hours attended at each.
- For 2 Year Old children, please fill in their hours in the *Total universal hours* column.

Setting Name(s)	Please enter total FREE entitlement hours attended per day					Total universal hours (max 15)	Total extended hours (max 15)
	Mon	Tues	Wed	Thurs	Fri		
A							
B							
C							
Total Daily Free Hours							

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 (see web address in footnote¹ for details). This funding will be used to enhance the quality of their early years' experience by improving the teaching, learning, facilities, and resources, with the aim of impacting positively on your child's progress and development.

If you believe your child may qualify for the EYPP, please provide the following information for the **main benefit holder** to enable East Sussex County Council to confirm eligibility.

Parent/Carer First Name	
Parent/Carer Surname	
Parent/Carer Date of Birth	
Parent/Carer National Insurance Number or NASS Number	
Parent/Carer Signature	

Disability Access Fund

Three & 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 nominated early years setting as a fixed annual rate of £615 per eligible child. Please note that if you wish to apply for DAF, only one setting per year may claim the funding and it is non-transferrable once paid, until the following year. You will need to provide a copy of the Disability Living Allowance award letter issued by the Department for Work and Pensions.

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

¹ <https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>

If your child is attending two or more providers,
please name the setting you wish to claim the DAF:

Declaration

- I (*name*) confirm that the information I have provided is accurate and true, and that I have read and understood the information given to me by my provider in the "Information for Parents & Carers" issued by East Sussex County Council.
- I authorise (*name of provider*) to claim free entitlement funding as agreed above on behalf of my child.
- I agree that I have signed up for the funded hours with my provider and I know that I cannot make changes to these hours during the current funding period, without the agreement of my provider (as per their terms and conditions).
- I understand that funding will not be transferred to another provider within East Sussex, unless I have given my provider the required notice as set out in their terms and conditions.
- I also agree that the information I have provided can be shared with the local authority and Department of Education (DfE), who will access information from other government departments to confirm my child's eligibility, to enable the provider name to claim Early Years Pupil Premium (EYPP) and/or Disability Access Fund (DAF) on behalf of my child.
- Information written on this form is stored on a computer and in paper format for the purpose of auditing the EYEE and is used for statistical and auditing purposes for the entitlement. **I understand that the information I provide is shared within the Children's Services of East Sussex and local NHS agencies for purposes such as training opportunities and to ensure that all eligible children are funded. This form will be retained by your provider, for the current academic year (September - August), plus 2 years from completion date and made available at the request of East Sussex County Council auditors. Once the retention period is over your provider will destroy this information appropriately.**



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

Signed <i>(term 2)</i>		Signed <i>(term 2)</i>	
Date		Date	
Signed <i>(term 3)</i>		Signed <i>(term 3)</i>	
Date		Date	

For provider use only:

Date of Birth Proof: <i>(e.g. Birth Certificate, Passport)</i>	
Date document recorded:	
Document recorded by: <i>(name of staff member)</i>	