

PARENTAL DECLARATION FORM for 2, 3 & 4 year olds

To be completed by PARENT /CARER wishing to claim Free Early Education for eligible 2, 3 & 4 year olds.

You need to complete this Declaration Form with each setting your child attends for their Free Early Education Entitlement of 15 or 30 hours per week in order to ensure the Provider can claim the funding from Kent County Council (KCC). The Early Years Registered Provider has Data Protection responsibilities and must provide you with a copy of the setting's Privacy Notice before you read and sign this declaration. Failure to do so could be a breach of Data Protection and result in a fine.

This Parental Declaration **will** be made available to KCC for audit purposes.

Provider Details

| | | | |
|-----------------------|--|---------------------------------------|--|
| Provider Name: | | URN: | |
| Ofsted Number: | | Number of weeks open per year: | |

Child Details

| | | | |
|--|--|--------------------------|--|
| Date of Birth: | | Flat Name/No: | |
| Legal Forename: | | House Name/No: | |
| Middle Name: | | Street: | |
| Legal Surname: | | Town/City: | |
| Known as: | | Postcode: | |
| Additional Information - for Early Years Census | | | |
| Gender: | | Country of Birth: | |
| Ethnicity: | | Nationality: | |
| Language: | | | |

Details of Date of Birth Evidence

| | | | |
|--|--|---|-------------|
| Document seen as proof of Date of Birth: <i>(either passport or birth certificate)</i> | | Checked by: <i>(Staff name)</i> | |
| Document Identification Number: | | Date document seen: | ___/___/___ |

Parent Details *(this must be the details of the person with parental responsibility for the child and who is receiving the benefit/credit or who created the childcare services account on the HMRC website)*

| | | | |
|------------------|--|-----------------------------------|--|
| Forename: | | Date of Birth: | |
| Surname: | | National Insurance Number: | |

2 Year Old Eligibility Check (Free For 2):

I confirm that the details I have provided are accurate and true. I give permission for the Early Years Provider named in this agreement to use my details to check and/or confirm my child's eligibility for Free For 2 Funding

| | | | | | |
|---------------|--|-------------------|--|-------------|-------------|
| Signed | | Print Name | | Date | ___/___/___ |
|---------------|--|-------------------|--|-------------|-------------|

2 Year Old Funding Claim Details: Please complete on which days the funding will be taken and the number of hours per day

| | | | | | |
|---|-------------|--------------------------------------|--|---------------------------|--|
| Claim Start Date for Funded Hours: | ___/___/___ | Hours Per Week: | | Stretched Funding: | YES/NO <small>(Delete as applicable)</small> |
| Monday | | Tuesday | | Wednesday | |
| | | | | Thursday | |
| | | | | Friday | |
| Are any funded hours taken with another provider? (If yes, please fill in the details below) | | | | | YES/NO <small>(Delete as applicable)</small> |
| Hours Per Week: <i>(at 2nd Provider)</i> | | 2nd Provider Name: | | | |

Please read the declaration overleaf and sign to confirm you have read and understood the conditions attached to this declaration in regards to claiming your Free Early Education for your two year old and the privacy notice in regards to Data Protection and sharing of information within KCC departments.

PARENTAL DECLARATION FORM for 2, 3 & 4 year olds

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30 Hours Free Childcare - Extended Entitlement Check:

30 Hours Eligibility Code (DERN): _____

I confirm that the details I have supplied are accurate and true. I give permission for the Early Years Provider named in this agreement to enter my details into the ECS checker to validate my code and confirm eligibility for 30 Hours Free Childcare

| | | | | | |
|---------------|-------|-------------------|-------|-------------|-------------|
| Signed | _____ | Print Name | _____ | Date | ___/___/___ |
|---------------|-------|-------------------|-------|-------------|-------------|

Early Years Pupil Premium Check (EYPP):

I confirm that the details I have supplied are accurate and true. I give permission for the Early Years Provider named in this agreement to complete an application for EYPP on my behalf

| | | | | | |
|---------------|-------|-------------------|-------|-------------|-------------|
| Signed | _____ | Print Name | _____ | Date | ___/___/___ |
|---------------|-------|-------------------|-------|-------------|-------------|

3&4 Year Old Funding: Please indicate where your child will be attending and which entitlement will be accessed at each provision

| Name of Provider A: | Total Universal Hours per Week | Total Extended Hours per Week |
|---------------------|---------------------------------------|--------------------------------------|
| _____ | _____ | _____ |
| Name of Provider B: | Total Universal Hours per Week | Total Extended Hours per Week |
| _____ | _____ | _____ |
| Name of Provider C: | Total Universal Hours per Week | Total Extended Hours per Week |
| _____ | _____ | _____ |
| Name of Provider D: | Total Universal Hours per Week | Total Extended Hours per Week |
| _____ | _____ | _____ |
| Signed | Print Name | Date |
| _____ | _____ | ___/___/___ |

I understand that if my circumstances change and I am no longer eligible for the extended entitlement, my child's universal 15 hours will be paid in line with the table above or in full to the nominated provider named below

Name of Nominated Provider to claim full Universal Entitlement Hours _____

| | | | | | |
|---------------|-------|-------------------|-------|-------------|-------------|
| Signed | _____ | Print Name | _____ | Date | ___/___/___ |
|---------------|-------|-------------------|-------|-------------|-------------|

3&4 Year Old Funding Claim Details: Please complete on which days the funding will be taken and the number of hours per day at the setting named overleaf

| | | | | | |
|---|-------------|------------------------|-------|---------------------------|---|
| Claim Start Date for Funded Hours: | ___/___/___ | Hours Per Week: | _____ | Stretched Funding: | YES/NO (Delete as applicable) |
| Monday | _____ | Tuesday | _____ | Wednesday | _____ |
| _____ | _____ | _____ | _____ | Thursday | _____ |
| _____ | _____ | _____ | _____ | _____ | Friday |
| _____ | _____ | _____ | _____ | _____ | _____ |

Declaration of person with legal responsibility for the named child:

- I confirm I have read and accept the provider's Free Early Education offer and Fee Structure.
- I understand it is my responsibility to ensure the settings are aware of the hours I wish to claim and that these do not collectively exceed the weekly maximum of 15 hours (or 30 hours, if applicable).
- I understand that if my child claims more than the maximum 15 hours per week (or 30 hours, if applicable) the provider(s) involved will charge for the hours my child attends in excess of his/her Free Early Education.
- I understand that once the annual Free Early Education of 570 hours (or 1140 hours, if applicable) has been reached, any additional hours will be charged for by the setting. The annual entitlement starts in the term in which my child first became eligible for funding.
- I understand that if I choose to change settings during the term and my child has already been funded for the term that I may have to pay the new setting for the hours my child attends for the remainder of the term.
- I understand that my provider will need to see my child's birth certificate and, if applicable, change of name deed prior to claiming their Free Early Education for the first time.
- I understand the provider named in this agreement is a data controller under the scope of the Data Protection Act 1998 and is required to comply with the eight principles of good information handling.
- I understand that the information I have provided will be shared with the local authority (KCC) and internally within KCC departments, including children's centres, for the purpose of securing Free Early Education for my child and/or checking for additional funding such as EYPP. I understand this information will be held in an electronic format in compliance with the Data Protection Act.
- I understand that the information I have provided will be shared with the Department for Education and KCC for reporting and statistical purposes and will be compared to data from other local authorities and maintained schools for quality assurance purposes.

I declare the above information to be correct at the time of completion and if, for any reason, my claim does not meet the eligibility criteria I will be responsible for paying the setting for any hours my child attends

| | | | | | |
|---------------|-------|-------------------|-------|-------------|-------------|
| Signed | _____ | Print Name | _____ | Date | ___/___/___ |
|---------------|-------|-------------------|-------|-------------|-------------|

PARENTAL DECLARATION FORM for 2, 3 & 4 year olds

To be completed by PARENT /CARER wishing to claim Free Early Education for eligible 2, 3 & 4 year olds.

Continuation of Funded Hours for 2 Year Olds:

| Year | Term (Delete as applicable) | No. of weeks | Hours per week | Mon | Tue | Wed | Thurs | Fri | Parent/Guardian's Signature (to be signed no more than 6 weeks prior to the end of the previous term) | Date |
|-----------------|--------------------------------|--------------|----------------|---|-----|-----|-------|-----|--|--------------|
| | | | | Please complete on which days and hours the funding will be taken | | | | | | |
| Change of hours | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| Change of hours | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| Change of hours | Spring Summer Autumn | | | | | | | | | __ / __ / __ |

Continuation of Funded Hours for 3&4 Year Olds:

| Year | Term (Delete as applicable) | No. of weeks | Hours per week | Mon | Tue | Wed | Thurs | Fri | Parent/Guardian's Signature (to be signed no more than 6 weeks prior to the end of the previous term) | Date |
|-------|--------------------------------|--------------|----------------|---|-----|-----|-------|-----|--|--------------|
| | | | | Please complete on which days and hours the funding will be taken | | | | | | |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |
| 201__ | Spring Summer Autumn | | | | | | | | | __ / __ / __ |