

**PARENTAL AGREEMENT: FREE EARLY EDUCATION FOR TWO,THREE AND FOUR YEAR OLDS**

This agreement is for the Local Authority to determine funding to the named early years provider for free early education hours for the named child. **A copy should be retained by the early years provider.**

**I am applying for: 2 Year Old Entitlement [ ] 3&4 Year Old Entitlement [ ]**

**1. CHILDS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs Legal Family Surname** |  | **Childs legal Forename(s)** |  |
| **Name by which child is known (if different from above** |  |
| **Date of birth** |  | **Male/Female** |  |
| **Address** |  | **Postcode** |  |
|  |
| **Documentary Proof of Childs ID (e.g. passport/birth certificate) – copy retained** |  | **Document recorded by (name of staff member) and date recorded** |  |

**2. TWO YEAR OLD APPLICATIONS ONLY**

|  |  |
| --- | --- |
| **I (parent) confirm that I have received confirmation that the above named child is eligible for a 2 year old funded place**  |  |
| **Please enter the eligibility code (e.g. TYOF 123456D)** |  |

**3. PARENT DETAILS:** These details are required to determine eligibility for additional funding to support your child’s learning and development that may be provided to your chosen provider. This is called the Early Years Pupil Premium. For more information regarding how this funding is used please speak to your chosen provider.

|  |
| --- |
| **Parent/Carer 1 with Parental responsibility** |
| **Title**(Mr/Mrs/Miss etc) |  | **Forename** |  | **Surname** |  |
|  |
| Relationship to child (Mother/ Father etc) |  | National Insurance Number(or NASS number) |  |
|  |
| Contact Number |  | D.O.B |  |

|  |
| --- |
| **Parent/Carer 2 with Parental responsibility** |
| **Title**(Mr/Mrs/Miss etc) |  | **Forename** |  | **Surname** |  |
|  |
| Relationship to child (Mother/ Father etc) |  | National Insurance Number(or NASS number) |  |
|  |
| Contact Number |  | D.O.B |  |

**4. ADDITIONAL DETAILS FOR 30 HOUR ENTITLEMENT**

|  |  |
| --- | --- |
| **30 Hour Eligibility Code** |  |

**5. PROVIDER AND ATTENDANCE DETAILS**

You will need to complete this declaration form with each provider your child attends (if you are using more than one provider) for their early education entitlement, so that funding can be accurately paid between them. You cannot use more than two providers.

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name | Free hours attended per day | Hours per week | Weeks per year |
|  | Mon | Tues | Weds | Thurs | Fri |  |  |
| A |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |
|  |
| Total Daily Hours attended |  |  |  |  |  |  |  |

**6. DISABILITY ACCESS FUND**

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the three and four year old free early education entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years provider as a fixed annual sum of £615 per eligible child to support their access., learning and development. You may be asked to provide evidence of your child’s eligibility for Disability Living Allowance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child eligible and in receipt of Child Disability Living Allowance? (please tick) | Yes |  | No |  |

If your child is attending more than one provider for their free hours, please nominate the provider you wish to receive this funding (it can only be paid to one) :

**Nominated Provider (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. PARENTAL DECLARATION**

* I confirm that the information I have provided is accurate and true
* I confirm to the terms and conditions set out in this document
* I authorise the providers named in this document to claim free entitlement funding, Early Years Pupil Premium or the Disability Access Fund on behalf of my child
* I understand that I cannot claim more than 570 hours per annum for 2 year old entitlement and/or the universal 15 hour 3&4 year old entitlement
* I understand that I cannot claim more than 1140 hours per annum if I am eligible for the 30 hour entitlement for 3&4 year olds. I further understand that my eligibility may change and should I become ineligible at any point in the year my entitlement would reduce to the universal 15 hour entitlement
* I accept that I may only change my chosen provider during a term in exceptional circumstances (moving area, safeguarding or other such issues etc). Should I wish to move for reasons other than exceptional circumstance I must give the provider 4 weeks’ notice during which I cannot seek funding at an alternative provider unless the current provider agrees to waive this condition.
* I authorise Rochdale Council to share and exchange the information I have provided with your specified early years providers , other Local Authorities (if my address is outside Rochdale) and the Department for Education who may access information from other government departments to confirm eligibility for the funding streams detailed in this document
* I authorise Rochdale Council to use this information to check my child’s continuing eligibility for Free School Meals (at statutory school age) and share this information with the school my child will attend and the Local Authorities Revenues and Benefits Service.
* I understand that all early years providers, local authorities and government departments are bound by the Data Protection Act and will not reveal information held on my child to a third party unless the law allows us to. For further information about how the LA or Department for Education store and use this information please go to the following websites;
	+ [http://www.rochdale.gov.uk/council and democracy/data protection and foi/data protection act.aspx](http://www.rochdale.gov.uk/council%20and%20democracy/data%20protection%20and%20foi/data%20protection%20act.aspx)
	+ <http://www.education.gov.uk/researchandstatistics/datadatam/privacynotices/a0064374/pn>
	+ <http://www.education.gov.uk/researchandstatistics/datadatam/b00212337/datause>

If at any stage you wish to withdraw consent for the checks detailed above to be made please contact your child’s early year’s provider or school who must then inform the Local Authority of this.

Signed: (Parent/Carer) Print name: Date:

Signed (for Provider) Print Name: Date:

**8. ETHNIC BACKGROUND**

The Local Authority is required to compile statistics regarding take up of free entitlements by children/families from differing ethnic backgrounds. The information below will help us to do this.

|  |  |  |  |
| --- | --- | --- | --- |
| BACKGROUND | ETHNICITY | CODE | Please tick |
|  |  |  |  |
| ASIAN OR BRITISH ASIAN | Indian | AIND |  |
|  | Pakistani | APKN |  |
|  | Bangladeshi | ABAN |  |
|  | Any other Asian background | AOTH |  |
|  |  |  |  |
| BLACK OR BLACK CARIBBEAN | Caribbean | BCRB |  |
|  | African | BAFR |  |
|  | Any other Black background | BOTH |  |
|  |  |  |  |
| MIXED | White and Black Caribbean | MWBC |  |
|  | White and Black African | MWBA |  |
|  | White and Asian | MWAS |  |
|  | Any other mixed background | MOTH |  |
|  |  |  |  |
| OTHER | Chinese | CHNE |  |
|  | Any other ethnic background | 00TH |  |
|  |  |  |  |
| WHITE | White British | WBRI |  |
| White Irish | WIRI |  |
| White Traveller of Irish Heritage | WIRT |  |
| White Gypsy/Roma | WROM |  |
| Any other white background | WOTH |  |
|  |  |  |  |
| Childs spoken language (please write) |  |
|  |  |  |  |
| I do not wish an ethnic background to be recorded  |  |  |