

This page is to record all the child and parent/carer details needed to identify who is receiving Free Early Education within the setting and to gather all the necessary information to complete further checks on behalf of the parent/carer for different funding streams.

This is the number found on the Birth Certificate or Passport. It is important to record this, as it is proof the original document has been seen. Providers **must** see evidence of the child's birth date before claiming any Early Education Funding.

This section **only** needs completing if the parent/carer wishes the provider to apply for Free For 2 (FF2) funding and has **not** previously applied and received eligibility confirmation.

This section **only** needs to be completed if the child has been confirmed as eligible for FF2 and is accessing the funding in the setting.

This section must be completed if the parent/carer wishes to claim either **2 year old funding, 30 hours childcare** or **EYPP**. These details are needed to complete the relevant checks stated above.

PARENTAL DECLARATION FORM for 2, 3 & 4 year olds			
<small>To be completed by PARENT /CARER wishing to claim Free Early Education for eligible 2, 3 & 4 year olds.</small>			
<small>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.</small>			
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: (either passport or birth certificate)		Checked by: (Staff name)	
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): <small>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</small>			
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 (Delete as applicable)
Monday	Tuesday	Wednesday	Thursday
			Friday
Are any funded hours taken with another provider? (If yes, please fill in the details below)			YES/NO (Delete as applicable)
Hours Per Week: (at 2 nd Provider)		2 nd Provider Name:	
<small>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.</small>			

Provider Information - This form should be retained within your setting for 7 years for audit purposes



If the child is **not** receiving FF2 funding or is on their 3&4 year old funding, this section does not need completing.

If the child is accessing 3&4 year old funding the sections on the next page must be completed.

This page is for the parent/carer to sign and give consent for the provider to use the details provided on the form to complete further checks for different funding streams, to indicate to the provider how they wish to claim their Free Early Education for their 3&4 year old in regards to the universal and extended entitlement and splitting across more than one provider. It is also where every parent/carer **must sign** to declare they agree with the terms and conditions stated on this form.

These boxes must be signed if the parent/carer wishes for the provider to complete a 30 hours eligibility check/and or an application for EYPP. The parent details on page 1 must be completed as these details are required to complete the check/ application.

This is where the 11 digit eligibility code parents/carers receive from HMRC must be recorded to enable the provider to complete a 30 hours eligibility check. The code should begin with either a 500 or 11.

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.

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:

This is where the parent/carer states how many hours universal funding they wish to claim and how many hours extended (30 hours) they wish to claim, if they are eligible. Please note this is **not** wraparound hours.

This is where the parent/carer puts the name of the nominated provider/s that will claim the universal funding if they drop out of eligibility for 30 hours childcare. If there is more than one setting claiming the universal funding please put them all in this box.

If the parent/carer chooses to take the universal/ and or extended entitlement at more than one setting, they must state the names of all providers and indicate how the funding is to be split and how many hours each provider will claim.

This is where **every parent/carer must sign** agreeing to the terms and conditions associated with claiming Free Early Education for their child and the details provided on the form.

No claims for Free Early Education or further checks can be carried out by the provider until this Parental Declaration has been signed by the parent/carer with legal responsibility for the child.

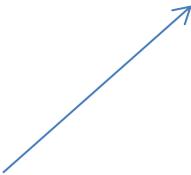
This page is for children who continue to claim funding for more than one term. The child's first term claiming will be shown on pages 1 & 2; however subsequent terms must be recorded on this continuation sheet. The parent/carer must declare the number of hours and weeks they wish to receive **each term**, to enable the provider to continue to claim for the child and for the family to continue to receive their Free Early Education Funding.



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:

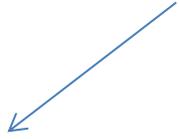
Year	Term (Delete as applicable)	No. of weeks	Hours per week	Mon	Tue	Wed	Thurs	Fri	Parent/Guardian's Signature (to be signed no more than 6 weeks prior to the end of the previous term)	Date
				Please complete on which days and hours the funding will be taken						
Change of hours	Spring Summer Autumn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



This section must be completed if the child is receiving their FF2 Funding at the setting for more than one term.

If the child increases their FF2 hours during a term, the parent/carer must sign to agree to the new hours to enable the provider to submit an adjustment to the original claim.

This section must be completed if the child is receiving their 3&4 year old universal and/or extended entitlement at the setting for more than one term.



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									— / — / —

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