

Early Years & Childcare Parental Declaration

<u> </u>	ild's details- parent		ompiece			
Child's Legal First	ertificate	Child's l	Legal Fami	ly Name same as	birth certificate	
NI I III I	·1.1 · 1 /·C /·C					
Date of Birth	ild is known (if differe	nt from above)	NI-4:	1:4		
Sex				onality		
Address			Ethn	icity		
Address						
Postcode						
Step 2: Your det	tails-parents/carer	s to complete	е			
Any berson with bare	ntal responsibility and	Parent/Ca	rer/Guar	dian I	Parent/Car	er/Guardian 2
who the child normal	•	Tarena Ca	i ci / Cuui	Giair i	Tai cita Gai	er, Guar Giari 2
Legal First Name						
Legal Last Name						
Date of Birth		D M		Y	D M	Y
Do you have Parent	al Responsibility?	Yes	No		Yes No	
Vational Insurance	· · · · · · · · · · · · · · · · · · ·					
Reference (NASS) N						
Contact Telephone						
Address						
D						
Postcode						
Step 3: Your chi	ld's eligibility- pare	ents/carers to	compl	ete Get he	elp from your chose	n provider(s)
Together for	r Twos			Workin	g Parents	
Together for	1 WO3					
Benefits or go	vernment support			30 hours	from 9 months	
	r Care (looked after	by I Δ)	15 or 30		O hours for 2-year-old	
	•	•		30 hours	for 3- and 4-year	-old
Special Guardi	anship /Adopted/Chil	d Arrangemen	ts	30 mound	101 5 4114 1 7641	0.0
Education Hea	ity Living		'	al Funded Entit	<u> </u>	
Allowance I I 5 hours for all 3- & 4-year-olds						
Nil Recourse t	to Public Funds					
	il Premium (EYPP					
	noney (£570 a year) p					ılity teaching,
training, activities a Benefits or Income	and resources. Please Child in our			ch you ma from Care		ardianship Order
L			•		ш . —	
Asylum seeker recei	iving support under P	art 6 of Immig	atrtion ar	nd Asylum	Act 1999	
Would you like t	o apply for Early Yea	rs Pupil Premiu	ım (EYPF	")	Yes	No 🗌



Disability Access Fund Declaration

If your child is in receipt of child Disability Living Allowance, your child's setting may be eligible for the Disability Access Fund (DAF) of £938 pa to make reasonable adjustments. The funding is non-transferable and will be paid to your child's main setting.

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

Step 4: Document check-provider to complete

Name of Provider / Children's Centre			
Contact details - email & telephone nur	mber		
Documentary proof seen and copied		Document recorded by (staff name)	Date document recorded
Proof of child's date of birth Proof of address Utility Bill, Bank Statement, Council T Proof of special criteria (EYPP / Tog Adoption/SGO/child arrangements of EHCP / DLA letter Proof of Nationality and Income if recourse to public funds Biometric Residents Card Bank	gether for Twos) rder		
Working Parents code	, .	Start date	
Add 11-digit code in box		Reconfirmation date	
· ·		End date	
Together for Twos code Add 6-digit code in box		Start date	
Out of Borough home address Which borough?		Advised to follow out of borough process?	Y/N

Step 5: Setting and attendance details- parents/carers to complete

- You must agree and complete this Parental Declaration Form with each setting (including schools)
 your child attends for their funded early learning entitlement This is to ensure that funding is paid
 fairly to each of them. Your provider should help you to complete this section
- Your child can attend a maximum of two settings in a single day and if your child attends more than one setting, the funding will be distributed appropriately between the settings.
- There may be charges for additional optional activities, services and consumables which your provider will share with you upfront and show on your invoice.

Setting Name			
Address &		Ofsted URN	
Postcode			
Type of Placement	Term Time only Stretched - 51 weeks max	Start date	



	Mon	Tues	Wed	Thurs	Fri	Total no. of hours per week	Total weekly charge	No. of weeks per year 38 or 45/51 weeks)
Total funded entitlement hours attended per day							£0.00	
Total extra (chargeable) hours per day								
Total daily hours attended								

My child attends more than one setting (include schools). Please nominate $\underline{\mathbf{A}}$ as your main setting and add total funded entitlement hours attended per day

	Mon	Tues	Wed	Thurs	Fri	Total no. of hours per week
A. Main setting name						
B. Setting name						

Please note a maximum of 10 funded hours can be claimed per day in $\frac{1}{2}$ hour increments. 15 hours x 38 weeks = 570 hours or 30 hours x 38 weeks = 1140 hours. Your setting will advise you about their daily and yearly stretched pattern.

Provider to complete:

Additional charges: Government funding is intended to deliver 15 or 30 hours a week of free, high quality, flexible early education and care. The 15 or 30 hours must be able to be accessed free of charge to parents; that is, there must not be any mandatory charges for parents in relation to the free hours.

Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place.

The costs of chargeable extras should be published on provider websites or, where they do not have any website, on <u>Royal Greenwich Family Information Service</u>. These should be clear, up-to-date and easily accessible to parents, to enable parents to make an informed choice of provider.

	Mon	Tues	Wed	Thurs	Fri	Total weekly charge
Additional charges for consumables or additional charges per day						

Provide details of the charges made for consumables and additional services and itemised details of what these charges relate to:



Step 6: Parent/Carer/Guardian with legal responsibility declaration

PARENTAL	/CARER/ GUARDIAN DECLARA	TION						
I (Name)								
of (Address)								
confirm that th	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 each provid	ler/s)					
•••••								
to claim early learning entitlement funding as agreed above on behalf of my child. I understand that the data								
collected in this form will be shared with my chosen provider and local authority.								
Parent/Carer/Guardian with legal responsibility Early Years Provider/ Children's Centre								
Signed	Signed							
Print name		Print name						
Date	Date							

Royal Greenwich is collecting your data for the purposes of checking your eligibility for the funded early years entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), in accordance with its statutory functions under the Childcare Acts 2006 and 2016, and the School Standards and Framework Act 1998.

Data Protection notice: Please ask your provider for more information which is in guidance for completing Parental Declaration document