

EARLY YEARS FUNDED FREE ENTITLEMENT FOR 2, 3 & 4 YEAR OLDS

PARENT / GUARDIAN DECLARATION FORM - TERM 5 & 6 SUMMER 2019

* For support completing this form please see the Guidance Document

NAME OF CHILDCARE PROVIDER:

CHILD LEGAL SURNAME	CHILDS LEGAL FORENAME	DATE OF BIRTH	FULL ADDRESS	POSTCODE	MALE OR FEMALE

Does your child have a SEN status?

Do you want to stretch the funding? over how many weeks? (maximum of 50)

IMPORTANT NOTES:

* You must complete a separate Declaration Form for each provider your child attends for their Early Years Funded Free Entitlement of 15 or 30 hours per week, in order to ensure that funding is paid correctly to each provider.

* Your child can attend a maximum of two providers in a single day. You can choose to use your free hours at one setting or split the hours between the providers, but you must agree this with all the settings your child attends. You can only claim a maximum of 15 hours funding per week as part of the universal offer and 15 hours per week from the extended offer. You will be liable for any additional hours your child attends.

* In the event of the submission of conflicting claim forms from each provider, Gloucestershire County Council reserve the right to allocate the funding as per the standard apportionment calculator.

ATTENDANCE DETAILS (Details of ALL the Providers and hours your child is attending and claiming)

SETTING NAME(S)	Please enter the total hours attended per day					Total number of hours attending , per week	Total number of UNIVERSAL hours claiming , per week	Total number of EXTENDED hours claiming , per week
	Mon	Tues	Wed	Thurs	Fri			
A								
B								
C								
Total daily hours attended								

PARENT/GUARDIAN DECLARATION

I confirm that ALL the providers and total hours my child attends are shown above and that the information is accurate and true.

I understand and agree to the Early Years Funded Free Entitlement for 2, 3 & 4 Year Olds Terms & Conditions as detailed on the Guidance

In addition, I also agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium or the Extended Funding Entitlement.

NAME (Print)		DOB	
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NI/NASS NUMBER		30 HOURS ELIGIBILITY CODE	
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SIGNED		Date	
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