

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

PLEASE CIRCLE APPROPRIATE TERM: AUTUMN / SPRING / SUMMER

* 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)

PLEASE CIRCLE APPROPRIATE AMENDMENT:

NEW STARTER / CHILD LEAVING / INCREASING HOURS / DECREASING HOURS

DATE OF CHANGE:

For New Starter, Increasing Hours or Decreasing Hours, please complete the table below to show revised hours

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 hours claiming , per week	Funding source?
	Mon	Tues	Wed	Thurs	Fri			
A								UNIVERSAL / EXTENDED
B								UNIVERSAL / EXTENDED
C								UNIVERSAL / EXTENDED
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
 I understand and agree to the Early Years Funded Free Entitlement for 2, 3 & 4 Year Olds Terms & Conditions as detailed on the
 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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