



EARLY YEARS FUNDED HOURS ENTITLEMENTS

PARENT / GUARDIAN DECLARATION FORM: Terms 3 & 4 Spring 2025

IMPORTANT: PLEASE DO NOT COMPLETE WITHOUT REFERRING TO "GUIDANCE ON COMPLETING THIS FORM":

NAME OF CHILDCARE PROVIDER:

| | | | | | | |
|----------------------|-----------------------|---------------|--------------|--|----------|--------|
| CHILDS LEGAL SURNAME | CHILDS LEGAL FORENAME | DATE OF BIRTH | FULL ADDRESS | | POSTCODE | GENDER |
| | | | | | | |

| | | | | | | |
|---|--|--|--|---|--|--|
| Child's Ethnicity (Please refer to Guidance Document) | | | | Does your child have a My Plan/My Plan+/ EHCP? | | |
|---|--|--|--|---|--|--|

| | | | | | | |
|---|--|--|--|---|--|--|
| Do you want to stretch the funding? YES/NO | | | | If yes, over how many weeks? (between 39 – 52) | | |
|---|--|--|--|---|--|--|

ATTENDANCE DETAILS (Please state ALL the providers and hours your child is attending and claiming)

| SETTING NAME(S) | Please enter the total hours ATTENDED per day | | | | | TOTAL hours attended per week | Disadvantaged 2 year old hours CLAIMING per week (up to 15 hours) | UNIVERSAL hours for 3 & 4 year olds CLAIMING per week (up to 15 hours) | Working Parent Entitlement hours CLAIMING per week |
|--|---|------|-----|-------|-----|-------------------------------|---|--|--|
| | Mon | Tues | Wed | Thurs | Fri | | | | |
| A | | | | | | | | | |
| B | | | | | | | | | |
| C | | | | | | | | | |
| <i>Total daily hours attended (must not exceed 10 hours)</i> | | | | | | | | | |

PARENT/GUARDIAN DECLARATION

I confirm that the information I have provided is accurate and true for all the providers my child attends and the hours they are accessing.

I understand and agree to the Early Years Funded Hours Entitlement Terms & Conditions as detailed on the Guidance Document.

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 | |
|--------------|--|--|-----|--|

| | | | |
|----------------|--|--------------------------------------|--|
| NI/NASS NUMBER | | WORKING PARENTS ELIGIBILITY CODE (*) | |
|----------------|--|--------------------------------------|--|

| | | | |
|--------|--|------|--|
| SIGNED | | DATE | |
|--------|--|------|--|

(*) Deadline dates for applying for your eligibility codes are:

31st March - Summer term, 31st August - Autumn term, 31st December - Spring term