## Parental Declaration Form for Early Education and Childcare Entitlements 2020

Part 1: Child Details																						
Childs Legal Surname:		Childs Legal Forename(s):																				
Name by which the child	is kn	ow	n (if	diffe	rent f	ror	n abo	ve):														
Date of birth: / /							M	ale:		Fer	nale:											
First Language:		Ethnicity:																				
Address (where child is r	eside	nt):	:																			
Postcode:																						
Documentary proof of n	ame a	nd	date	of b	irth s	ee	n (typ	e) e.g	. Birt	h Cer	tificat	e, Pa	assp	ort:								
Document recorded by (staff member):											D	ate F	Reco	rde	d:							
Two year old eligibility code (if applicable):									TYF	866	-	Τ			-							
30 hour eligibility code (i	if app	lica	ble):									•										
Part 2: Parent/Carer Det	tails																					
Parent/carer 1				F	Parer	nt/cai	rer 2															
Title: Legal Surname:									Title: Legal Surname:													
Legal forename(s):								L	Legal forename(s):													
Same address as child? Yes:							No:	9	Same address as child?							Yes: No:				o:		
If no please										If no please												
provide:							F	provide:														
Parental Responsibility? Yes						s: No:				Parental Responsibility?						Yes: No:					0:	
Relationship to child:								F	Relat	ionsh	ip to	child	:									
Date of birth:			/		/			Ι	Date	of bii	rth:					/			/			
National Insurance							National Insurance															
Number:						$\Box$		l	Number:						Ш							
Part 3: Setting and Atten			: F					•		مادانا	. 4.4	- f	ء جا ج	•	د دادد			•	4	*		£ 4 F
You must complete this or 30 hours per week in														ır ea	iriy	eau	cat	ion	enti	tieme	nt o	T 15
Your child can attend a n														tn st	trot	ch v	'O L Ir	· fur	ndin	σ enti	tlem	ent
as flexibly as you require																						
means for example your							•											-				
23.75 hours per week, 4		_					,		,	Ü												
Start date : / /		En	d da	te:	/		/	Par	rent/	'careı	rsigne	d ag	ree	d en	d d	ate_						<u>.</u>
My child is attending the	follo	wir	ng se	tting	s:											ı						
Setting Name(s):					<b>D</b>			er of <b>non-payable</b>					Total number of						eeks			
la a childminder nurser	Tund	iea	nours	atter	ended per day for each setting									Extended hours per		yea (e.						
(e.g. childminder, nursery, preschool, breakfast/after school/holiday club)								1									, 48,					
	J ,	,	,		Mon	1	Tue	Wed	וד  נ	hu	Fri	Sa	t	Sur	1	wee	eK*		we	ek**	51)	)
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В						Ţ												-				· <u></u>
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Total daily funded hours claimed:				MAX 1	LO	MAX 10	MAX :	10 M	AX 10	MAX 10	) MA	X 10	MAX	10	MA	X 1	5	MA	X 15			
(Do not exceed the maximum totals)						<u> </u>			L	<del>_</del>		L		L								

<sup>\*\*</sup>Extended hours are hours over and above the first 15 hours of Universal funding; the Extended hours are known as 30 hours and are available for working families of 3 and 4 year olds, a 30 hour eligibility code is required to claim extended funding.



<sup>\*</sup>Universal hours are any part of the first 15 hour of early education funding for all 3 and 4 year olds and eligible 2 year olds.

	Parental Declaration Form for Early Ed	ucation a	and Childo	are Entitlem	ents 20	)20	
Part 4: Ear	ly Years Pupil Premium (EYPP)						
3 and 4. Th	Years Pupil Premium (EYPP) is an additional sum of his funding will be used by the childcare provider to the teaching, learning, facilities and resources, wit ent.	o enhance t	the quality o	f their early yea	rs experie	nce by	iged
years prov	oility will be checked when parent/carer details are ider portal. For further information please speak t		-		tered into	the ear	rly
Tick ALL th							
	tal family income is below £16,190 and I am in reco	eipt of bene	efits:				
	ld is adopted:						
3 My chi	d has left local authority care and is subject to a spe	ecial guardia	anship order	or a child arrang	ement or	der:	
	please email <u>earlyyearsfunding@swindon.gov.uk</u> ivill not be picked up through the portal in these ca	-	or 3 are tick	ed so eligibility o	an be che	ecked as	5
Part 5: Dis	ability Access Funding (DAF)						
	four year old children who are in receipt of child Dation hours are eligible for the Disability Access Fu	•	ving Allowan	ce and who are	receiving	funded	
needs. Dis adjustmen	Access Fund is funding for early years providers to ability Access Funding is to aid access to early year ts to their settings.  If to the early years setting as a fixed annual rate or	's provisior	n by supporti	ng providers in	making re	asonab	le
Is your chi	d eligible and in receipt of Disability Living Allowa	nce (DLA)?			Yes:	No:	
	If you answered yes, please state your chosen pro your DLA award letter to enable them to make an		•		• •		
Please not	e: if your child is splitting their funded entitlement	t across two	o or more pr	oviders, only on	e provide	r can	
receive the	e funding per year. Please nominate the main setti	ng where t	he local auth	ority should pay	y the DAF	•	
Setting Na	me:		Date spe	cified:	/	/	
Part 6: De							
Read the f	ollowing statement and confirm you agree by sign	ing and dat	ing below:				
understan to claim fu	n I (name) ded above is accurate and true and consent to the d and agree to the conditions set out in this docun nding as agreed above on behalf of my child. nd that I must inform my provider if I intend to lea	nent and I a	uthorise the	provider name	d accurat d in this a	e data. greeme	I
	uring a clear end date is provided. Failure to do thi						
	al Data Protection Regulation and Data Protection nt to keep your personal information secure and to		-				
	pon signing this declaration that I have been shows <b>Privacy Notice - Families</b> and understand how m				_	h Counc	il
	rer/Guardian with legal responsibility	Childcare F			-		
Signed:		Signed:					

Print Name:

Date:

Print Name:

Date: