

Parent declaration form – free early education and childcare for two, three and four year olds

Section A - Family information

Your child is entitled to 570 hours free early education per year which they can access with a nursery school/class, pre-school, day nursery or childminder. The free early education hours can be split between two providers as long as both agree to the split. The number of hours accessed must not exceed the total allowed in that term. If your child is three or four you may be able to access an additional 570 hours of free childcare; eligibility criteria apply. If you are eligible the total of 1140 hours may be split over a maximum of three providers on two sites.

You must complete a parent declaration for each setting your child attends at the beginning of each term. All boxes are mandatory.

| | | | | | | | | | | | | | |
|----|--|------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1 | Name of child | | | | | | | | | | | | |
| 2 | Child's address | | | | | | | | | | | | |
| 3 | Postcode | | | | | | | | | | | | |
| 4 | Date of birth (DoB) | ___ / ___ / ____ | | | | | | | | | | | |
| 5 | Type of document proof of DoB e.g. birth certificate, passport | | | | | | | | | | | | |
| 6 | Document number | | | | | | | | | | | | |
| 7 | Two year old funding reference (if applicable) | | | | | | | | | | | | |
| 8 | 30 hours free childcare voucher code number (if applicable) | | | | | | | | | | | | |
| 9 | Childs National Health Number (NHS no.) | | | | | | | | | | | | |
| 10 | Ethnic origin code (please see guidance) | | | | | | | | | | | | |
| 11 | SEN code (please see guidance) | | | | | | | | | | | | |
| 12 | Is your child in receipt of disability living allowance (DLA)? | YES / NO | | | | | | | | | | | |
| 13 | Name of parent/carer | | | | | | | | | | | | |
| 14 | Address of parent/carer (if different from child) | | | | | | | | | | | | |
| 15 | Parent/carer date of birth | ___ / ___ / ____ | | | | | | | | | | | |
| 16 | Parent/carer National Insurance number | | | | | | | | | | | | |
| 17 | Second parent/carer name | | | | | | | | | | | | |
| 18 | Second parent/carer date of birth | ___ / ___ / ____ | | | | | | | | | | | |
| 19 | Second parent/carer National Insurance number | | | | | | | | | | | | |

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Any personal data collected will be treated as confidential under the principles of the Data Protection Act 1998. Hertfordshire County Council will store this information electronically and will use the information submitted to assess your eligibility for early years pupil premium and Disability Access Fund. We will not use the data for any other purpose, nor will we share your data with any third parties other than the Department for Education (for statutory reporting), Hertfordshire County Council departments who may from time to time send you advice, guidance and information relating to changes to early years provision and educational services that are relevant and/or of benefit to your child, and your local children's centre who support the local authority by assisting families to access the services that children are entitled to. Early years providers will also share information regarding your child's progress and development with your local children's centre.

Section B - Provider information

| | |
|---|---------------------------------|
| Provider 1 | |
| Setting name: _____ | Telephone number: _____ |
| Number of free hours attended per week: _____ | Number of weeks per year: _____ |
| Provider signature: _____ | Date: ___ / ___ / _____ |
| Provider 2 | |
| Setting name: _____ | Telephone number: _____ |
| Number of free hours attended per week: _____ | Number of weeks per year: _____ |
| Provider signature: _____ | Date: ___ / ___ / _____ |
| Provider 3 | |
| Setting name: _____ | Telephone number: _____ |
| Number of free hours attended per week: _____ | Number of weeks per year: _____ |
| Provider signature: _____ | Date: ___ / ___ / _____ |

Section C - Parent declaration - to be completed by parent/carer each term

Free early education declaration

If your child is splitting their 30 hours free childcare across two or more providers please nominate the main setting where the local authority should pay the first 15 hours to:

Disability Access Fund declaration

If your child is eligible for the Disability Access Fund (DAF) and is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:

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Autumn funding period

I confirm that my child _____ is attending the early years provider(s) for the free hours detailed above and none of the provider details have changed. I will make every effort to ensure my child attends the free hours claimed for. If any of the details have changed please complete a new form.

Does your child access any of the additional free hours per week? Yes No

If yes, have you confirmed that you are still eligible to access these hours? Yes No

Number of free hours attended per week _____

Number of days attended per week _____ Signed _____

Date started this term __ __ / __ __ / __ __ Dated __ __ / __ __ / __ __

Spring funding period

I confirm that my child _____ is attending the early years provider(s) for the free hours detailed above and none of the provider details have changed. I will make every effort to ensure my child attends the free hours claimed for. If any of the details have changed please complete a new form.

Does your child access any of the additional free hours per week? Yes No

If yes, have you confirmed that you are still eligible to access these hours? Yes No

Number of free hours attended per week _____

Number of days attended per week _____ Signed _____

Date started this term __ __ / __ __ / __ __ Dated __ __ / __ __ / __ __

Summer funding period

I confirm that my child _____ is attending the early years provider(s) for the free hours detailed above and none of the provider details changed. I will make every effort to ensure my child attends the free hours claimed for. If any of the details changed please complete a new form.

Does your child access an additional 15 hours free childcare per week? Yes No

Have you confirmed that you are still eligible to access these hours? Yes No

Number of free hours attended per week _____ Signed _____

Number of days attended per week _____

Date started this term __ __ / __ __ / __ __ Dated __ __ / __ __ / __ __

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Section D - Certificate of leaving

Provider - This section is to be completed when a child leaves your setting. Once completed please take a copy and give the original to the parent/carer of the child.

Parent/carer - This certificate must be handed to your child’s new early years provider to show how many free hours have already been used. If you child receives split care, both forms must be taken to the new provider(s).

Child’s name _____

Setting name _____

Last day and date of attendance at this setting _____

Number of free hours received at this setting, in this funding period _____

Signed on behalf of this setting _____

Print name _____

Contact details _____