## Parental declaration form for early education and childcare entitlements

Part 1: Child Details																						
Child's legal forename:	Child's	legal su	ırname	:																		
Name by which child is known (if differ	ent fron	n above	e):																			
Date of birth: / /								Male	Fer	male												
First Language:				Ethnic	ity:				<u></u> -													
Full address including postcode (where child is resident):																						
ID checked (proof of name/DOB): Pas	sport	Birt	ficate	ID r	referen	ce No:																
Document recorded by (staff name):				Dat	te seen:		/	/														
Two year old eligibility code (if applicable):																						
30 hour eligibility code (if applicable):																						
Part 2: Parent/Carer Details																						
Parent/carer 1			Parent/carer 2																			
Title: Legal surname:	Legal surname:								Title: Legal surname:													
Legal forename(s):			Legal forename(s):																			
Same address as child?	child? Yes: No:						ame address as child? Yes:															
If no please provide:				If no pl provide																		
Parental responsibility?	Yes:	No:	Parental responsibility? Yes: No:																			
Relationship to child:			Relationship to child:																			
Date of birth: /	1			Date o	f birth:			/	1													
National Insurance No:				National Insurance No:																		
Email:				Email:																		
Mobile number:		Mobile	numbe	er:																		
Part 3: Setting and Attendance																						
This section must contain details of <b>all</b> sensures funding is claimed correctly an settings in a single day for a minimum of holiday periods if your childcare provid	d no ov	er clain ırs per (	ns occu day wit	r. Your h each	child ca setting.	n atten	id a ma in 'strei	ximum of t tch' your fu	wo early y inding to c	ears over												
Date funded hours will start at this prov	vider:		/		/																	
Provider name(s) – Please list all providers where your child is claiming their funding					er of fur each pr		urs	Universal	Total number of <b>Extended</b>	delivering												
entitlement.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	hours per week*	hours per week**	per year (e.g. 51)												
1																						
2																						
3																						
<b>Total</b> daily funded hours claimed: (Do not exceed the maximum totals)	MAX 10	MAX 10	MAX 10	MAX 10	MAX 10	MAX 10	MAX 10	MAX 15	MAX 15													
PROVIDERS: If the funding is being delivere	d as a st	retched	offer, h	ow man	y hours	annually	(if any)	remain?														
*Universal hours are any part of the fi	rst 15 ho	our of ea	arly edu	ration fu	ınding fo	or all 3 a	nd 4 vea	ar olds and e	oligible 2 vez	er olds												

<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&4-year-olds, a 30 hour eligibility code is required to claim extended funding.



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If the child detailed in this declaration is leaving mid term/year, please complete the following section:																								
Agreed da	te pro	vide	r will o	cease	fundi	ng:				/		/					Ιu	nde	rstan	d thi	s in	clude	es a 4	! week
Parent/ca	rer sig	natu	notice period, funding cannot begin a new setting until after this date.										-											
Part 4: Early Years Pupil Premium (EYPP)																								
The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for eligible children aged													n aged											
3 and 4. This funding will be used by the childcare provider to enhance the quality of their early years experience by																								
improving the teaching, learning, facilities and resources, with the aim of enhancing your child's progress and																								
development.																								
EYPP eligibility will be checked when parent/carer details are supplied on part 2 of this form and entered into the early																								
years provider portal, for further information please speak to your childcare provider.																								
Tick ALL that apply:																								
1 My child is adopted.																								
My child has left local authority care and is subject to a special guardianship order, or a child arrangement order.																								
2																								
I give permission for my contact details to be passed to Swindon Borough Council Early Years Funding team, to claim funding streams I am eligible for.																								
Providers: please email earlyyearsfunding@swindon.gov.uk if options 1 or 2 are ticked so eligibility can be checked																								
manually. Children who fall into criteria <b>1</b> or <b>2</b> may not have their eligiblity status picked up through the portal.																								
Part 5: Disability Access Funding (DAF)																								
Three and four-year-old children who are in receipt of child Disability Living Allowance (DLA) and attend funded early												arly												
education	are el	igible	e for t	he Di	sabilit	у Асс	ess Fur	nd (E	OAF	).														
DAF is fun	ding f	or ea	rly ye	ars pi	r <mark>ovid</mark> e	rs to	suppor	t chi	ildr	en wit	h dis	abili	ties	an	d/or	spe	ecial	ed	ucati	ona	l ne	eds.	It is	used
DAF is funding for early years providers to support children with disabilities and/or special educational needs. It is used to aid access to an early years provision by supporting providers in making reasonable adjustments to their setting. DAF																								
is paid to the early years setting as a fixed annual rate of £828 per eligible child. A new application is required each year.																								
Is your chi																				_	es:		No	
If you ans					•			<u> </u>					ide 1	the	m wi	ith a	а со	pv (	of vo	ur D	LA	awa	rd le	tter.
This letter																								
Please no					_																	vide	r car	1
receive th					-																			
Setting Na											,	_			cified		T		/		Ī	/	Τ	П
Part 6: De		ion																	,			,		
Please rea			wing	state	ment	and o	confirm	νοι	ı ag	ree b	v sig	ning	and	d da	ting	be	low	:						
			8					,		,	,6							-						
  Declaratio	n I (na	me)															cc	nfi	rm th	at t	he	info	mat	ion I
Declaration I (name) confirm that the information I have provided above is accurate and true and consent to the Local Authority using this data. I understand and agree to																								
the conditions set out in this document and I authorise the provider named in this agreement to claim funding as agreed																								
above on behalf of my child.																								
I understand that I must inform my provider if I intend to leave their setting and provide a minimum of 4 consecutive																								
weeks notice ensuring a clear end date is provided. Failure to do this will affect your ability to claim funded sessions with																								
another provider.																								
The General Data Protection Regulation and Data Protection Act 2018 require organisations, businesses and the																								
government to keep your personal information secure and to only use it in accordance with the data protection																								
principles.																								
I confirm by ticking this box that I have been shown and understand the terms in Swindon Borough Council Early																								
		_																	_	n Co	oun	CII E	arıy	
Years Priv								ow r	ny							ed a	na ı	use	a.					
Parent/Ca	rer/Gi	uardi	an Wi	ın leg	ai res	ponsi	DIIITY				hildo		rov	⁄ιαe	r									
Signed:											Signe													
Print Nam	e:										rint l	lame	e:						•					
Date:	/			/						D	ate:			/			/							