

**Early Years Funding Entitlement for 2, 3 and 4 year olds**

**EYFE1b - Parental Agreement for Early Years Funding Entitlements**

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| This agreement is for the Early Years Provider to collect information from a parent/carer of a funded child to enable a claim for their Early Years Funding Entitlement. This Parental Agreement **MUST** be made available to the Local Authority for audit purposes. This information must be kept in a secure location and retained for 7 year. |

# SECTION 1: Child’s Details

To be completed by all families claiming Early Years Funding Entitlement for 2, 3 and 4 year olds

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| --- | --- | --- | --- |
| **LEGAL SURNAME** |  | **ADDRESS 1** |  |
| **LEGAL**  **FORENAME(s)** |  | **ADDRESS 2** |  |
| **KNOWN AS**  (if different from above) |  | **ADDRESS 3** |  |
| **Date of Birth** |  | **ADDRESS 4** |  |
| **GENDER** | FEMALE ☐ MALE ☐ | **POSTCODE** |  |
| **FUNDING** (please  tick) | 2 YEAR OLD ☐ 3 & 4 YEAR OLD UNIVERSAL ☐ 3 & 4 YEAR OLD EXTENDED ☐ | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WHITE** | **WBRI** | White British |  | **ASIAN or ASIAN**  **BRITISH** | **AIND** | Indian |  |
| **WIRI** | White Irish |  | **APKN** | Pakistani |  |
| **WIRT** | White Traveller of Irish Heritage |  | **ABAN** | Bangladeshi |  |
| **WROM** | White Gypsy/Roma |  | **AOTH** | Any other Asian |  |
| **WOTH** | Any other white background |  | **MIXED** | **MWBC** | White and Black Caribbean |  |
| **BLACK** | **BCRB** | Caribbean |  | **MWBA** | White and black African |  |
| **BAFR** | African |  | **MWAS** | White and Asian |  |
| **BOTH** | Any other black background |  | **MOTH** | Any other mixed background |  |
| **OTHER** | **CHNE** | Chinese |  | **REFUSED** | **REFU** | Refused to share information |  |
| **OOTH** | Any other ethnic background |  |  |  |  | |

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| --- | --- | --- | --- | --- |
| **Documentary evidence to be completed by Early Years Provider** | | | | |
| **Documentary proof of DOB Type** (e.g. Birth certificate, Passport): |  | **Document recorded by**  (name of staff member): | |  |
| **Date document recorded**  (DD/MM/YYYY) |  | **SIGNATURE** | |  |
| **Special Educational Needs and Disability (SEND) INFORMATION** | | | | |
| Is your child receiving support for SEND? | | | YES ☐ NO ☐ | |
| Does your child have an Education Health and Care Plan (EHCP)? | | | YES ☐ NO ☐ | |
| Is your child in receipt of Disability Living Allowance (DLA)? | | | YES ☐ NO ☐ | |

# SECTION 2: Parental Information

To be completed by parent or carer with legal responsibility for child in section 1

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| --- | --- | --- | --- |
| **LEGAL SURNAME** |  | **NI NUMBER** |  |
| **LEGAL**  **FORENAME(s)** |  | **NASS NUMBER**  (if applicable) |  |
| **Date of Birth** |  | **30 HOUR CODE**  (if applicable) |  |
| **SIGNATURE** |  | **2 YEAR FUNDING**  **REF** (AF or TYOF if applicable) |  |
| **RELATIONSHIP TO CHILD** |  | | |

# SECTION 3: Funded Hours

**This section is to be completed for all newly eligible 2, 3 and 4 year old’s who wish to claim the Early Years Funding Entitlement, and any 3 & 4 year old children currently claiming universal hours who wish to access the extended hours entitlement.**

* Universal 15 hours will continue regardless of entitlement to extended hours.
* You need to complete this claim form for each provider your child attends to ensure that funding is paid between them for a maximum of 15 hours per week.
* Your child can attend a maximum of two sites in a single day. Funding can be split between multiple providers. • In the case of 2 year old funding please complete the universal entitlement box

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| --- | --- | --- |
|  | **Hours being claimed for PER WEEK (Total)** | **If stretched, over how many weeks?** |
| **Universal Funding (15 hours max)** |  |  |
| **Extended Funding (15 hours max)** |  |  |

If your child attends any other Early Years provision please state below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SETTING NAME** |  | | **PHONE NUMBER** |  |  |
|  |  | **Hours being claimed for PER WEEK (Total)** | | **If stretched, over how many weeks?** | |
| **Universal Funding (15 hours max)** | |  | |  | |
| **Extended Funding (15 hours max)** | |  | |  | |

# SECTION 4: Declaration

I confirm that:

* I am the parent/carer/guardian with legal responsibility for, and reside within the same household as the child claiming the Early Years Funding Entitlement named within this claim form.
* All information provided in this document is accurate and true.

I understand:

* The criteria for my child to be eligible for the Early Years Funding Entitlement claimed for on this form
* And agree to the conditions set out in this document I authorise:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of provider) to claim 2 Year Funding, or 3 and 4 year old Universal

and/or Extended Entitlement funding, as agreed above, on behalf of my child and to discuss funded hours with my child’s other provider.

In addition, I understand that

* The information I have provided will be shared with the local authority, Department for Education and other partner services e.g. health or council services, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) on behalf of my child.
* Any entitlement or change in entitlement status will be shared by the local authority with the providers that the child attends.
* The information provided will be used for rechecking, monitoring and evaluation purposes, and will be stored and processed in accordance with the Data Protection Act 2018 and Wirral Council’s Privacy Notice, a copy of which can be found at [https://www.wirral.gov.uk/about-council/freedom-information-and-data-protection/privacy-notice.](https://www.wirral.gov.uk/about-council/freedom-information-and-data-protection/privacy-notice)
* This information may be used as an application for free school meals and as a registration for pupil premium when my child starts in reception class.

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| **Parent or Carer with legal responsibility** | | **Childcare Provider** | |
| **NAME** |  | **NAME** |  |
| **ADDRESS** |  | **EY NUMBER** |  |
| **AUTHORISED SIGNATURY** |  |
| **SIGNATURE** |  | **SIGNATURE** |  |
| **DATE** |  | **DATE** |  |

# Guidance

**Early Years Entitlement 2020-2021**

Extended Early Years Funding Entitlement for 3 & 4 year olds needs to be reconfirmed every 3 months from the date of the original application through [www.childcarechoices.gov.uk,](http://www.childcarechoices.gov.uk/) or by telephone 0300 123 4097. Reconfirmation can be completed by parents/carers only.

Funding is split into 3 terms, for each term there are a maximum number of funded hours available.

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| --- | --- | --- | --- |
| **Claim period** | **Summer 2020** | **Autumn 2020** | **Spring 2021** |
| Max. hours for 2 year olds claiming funding | 195 hours | 210 hours | 165 hours |
| Max. hours for 3 & 4 year olds  **Universal** Early Years Funding  Entitlement | 195 hours | 210 hours | 165 hours |
| Max. hours for 3 & 4 year olds  **Extended** Early Years Funding  Entitlement | 195 hours | 210 hours | 165 hours |

1. Hours may be claimed by a maximum of 2 sites per day (physical sites), including Local Authority Classes or Schools.

1. Funding can be claimed between 6am and 8pm, with a maximum of 10 hours in one day.

1. For 2 Year Old funding a maximum of 15 hours can be claimed in a single week.

1. For 3 and 4 Year Old funding a maximum of 15 hours Universal funding and 15 hours Extended funding can be claimed in a single week (maximum of 30 hours in total).

1. This agreement covers your child’s 2 Year Old Funding, Universal Early Years Funding Entitlement for 3 & 4 year olds, Extended Early Years Funding Entitlement for 3 & 4 year olds and Early Years Pupil Premium.

1. Persistent absence will be reported by your Early Years Provider to Wirral Council.

1. Additional time and services provided by the Early Years Provider is a separate agreement with them.

1. Deposits may be requested but will be returned within a reasonable time scale by whichever method you and your provider agree.

1. Your entitlement is in hours only. Hours above your entitlement will be charged as per your agreement with the Early Years Provider.

1. Your Early Years Provider may offer your entitlement as a stretched offer.

1. Funding can only be moved from one setting to another before the start of the funding term*.* Moving your child during term is only possible after receiving confirmation from the Early Years Business Support Team, (Tel: 0151 666 3980). Your Early Years Provider may require a period of notice prior to your child leaving.

1. It is your responsibility to complete this form with accurate information and proof of age, preferably a birth certificate, promptly to allow the provider to receive funding for your child.