

Early Years Entitlement for 2, 3 and 4-Year Olds

The Parent / Carer & Provider Contract

This form should be completed by the parent / carer and provider for the delivery of the early years' entitlement funding. The provider will claim the funding using the information contained within this form.

Provider Name	
Provider's Ofsted unique reference number (URN)	

Family Details

Child's Legal Forename	
Child's Legal Middle Name	
Child's Legal Surname	
Child's Preferred Surname	
Child's Date of Birth	
PROVIDER USE ONLY Proof of DOB required. Note document type seen. Include signature of staff member having sight of document	Document Type: Staff Signature:
Child's Gender (M / F)	
Ethnicity (Optional information - Please see the list at back of this document and write in this box)	

Address Line 1	
Address Line 2	
Address Line 3	
Locality	
Town	
County	
Post Code	

If you have moved house within the last 12 months, please include your previous house number and postcode below:

House number	
Post code	

Parent / Carer 1 Forename	
Parent / Carer 1 Surname	
Parent / Carer 1 DOB	
National Insurance or NASS number	
Parent / Carer 1 E-mail Address	
Parent / Carer 1 Telephone Number	

Parent / Carer 2 Forename	
Parent / Carer 2 Surname	
Parent / Carer 2 DOB	
National Insurance or NASS number	
Parent / Carer 2 E-mail Address	
Parent / Carer 2 Telephone Number	

FUNDING DETAILS

Providing these details enables the Provider and the Local Authority to check whether the child is eligible for:

Early Years Pupil Premium: (Early Years Pupil Premium enables the Provider to claim an extra £1.97 per hour that your child will benefit from if found as eligible)

And / or

Extended Entitlement Funding (otherwise known as 30 hours)

To claim Extended Entitlement funding please provide the code issued to you by HMRC. Please remember that the code **MUST** be re-confirmed with HMRC before the end date to continue to claim funding.

30 Hours Code	
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Please tick to give consent for the checks to be carried out:

EYPP and / or 30 Hrs

By completing this section, you are giving consent for the Provider and the Local Authority to use the information you have included to check your eligibility for Early Years Pupil Premium and / or Extended Entitlement funding.

Please note: Funding cannot be claimed without these details and consent.

Extended Entitlement (30 Hours) Cut-Off Dates:

The Department for Education have cut-off dates for each term. Extended Entitlement codes must be valid on the following dates to be eligible for the following term:

August 31st to be eligible for Autumn Term

December 31st to be eligible for Spring Term

March 31st to be eligible for Summer Term

Codes not valid at these dates, or issued with start dates after these dates, cannot be used for the funded hours in these terms.

Two-Year-Old Funding Only:

If your child is eligible to receive 2-year old funding, please complete the boxes below:

2-year old Eligibility Code		Child's Eligible Start Date	
Local Authority Eligibility was approved by:			

Disability Access Fund Declaration:

3 and 4-year-old children who are in receipt of child Disability Living Allowance and are receiving the Early Years Entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years provider as a fixed annual rate of £828 per eligible child. This funding can only be paid to one Provider which you must nominate.

Is the Child in Receipt of Disability Living Allowance (DLA)?

Yes No

If your child is splitting the Early Years Entitlement across more than one Provider, please specify which Provider you would like to receive the Disability Access Funding:

Provider Name:	
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Evidence that the child is in receipt of Disability Living Allowance must be seen and a copy must be retained by the Provider.

ATTENDANCE DETAILS

This section must be completed for each Provider your child attends for funded hours. Completing these details helps each Provider plan the hours of attendance, set staffing ratios accordingly and ensure children are not over-funded, therefore **ALL** Providers where the child is claiming funding **MUST** be listed in the table below.

Children can claim up to a **MAXIMUM** of 15 hours per week of Universal and 15 hours per week of Extended Entitlement (30 hours – if eligible) funding over 38 weeks of the year. If you are unsure of how best to split the Universal or Extended hours, please speak to your Provider(s). Please also speak to your Provider if you would like to claim stretched funding as this will reduce the weekly amount of funding you can claim (Providers are under no obligation to offer extended entitlement hours or to offer a stretched funding option).

My child claims funding at the following Provider(s):
(The first Provider should be the Provider you are completing this form for)

Provider Name and Telephone Number	Total Universal Hours Claiming Per Week	Total Extended Hours Claiming Per Week	Total Days Claiming Funding over Per Week	Number of Non-Funded Hours Attending Per Week	Term Time or Stretched (TT or S)

TERMS AND CONDITIONS:

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the funded entitlement:

<p>I understand that the early years entitlement hours must be delivered completely free of charge at the point of delivery and that I cannot be charged for this in advance (this does not apply to a retainer to secure a place).</p> <p>I will be responsible for payment of any hours exceeding 15 if my child is not eligible for the extra entitlement, or exceeding 30 hours if my child is eligible, taken either here or elsewhere.</p> <p>I have seen a copy of the providers pricing policy.</p>	<input type="checkbox"/>
<p>I have received information from the provider/s above and been advised of additional services available for my child and I understand I will be charged for these services should I wish to use them. I fully understand that my provider/s cannot insist I take and pay for additional goods and services as a condition of accessing an early years entitlement place.</p>	<input type="checkbox"/>
<p>If my child only attends for an early years' entitlement place, I understand that there is not a required notice period and that should my child leave the following will happen:</p> <ul style="list-style-type: none"> • my provider will be paid to the end of the funded week of my child's last day of attendance • my child can access the early years entitlement with another provider at the start of the next funded week. <p>I will inform the provider of my child's last day of attendance in advance, if possible. If I am paying for additional childcare hours, I understand my provider may have a notice period that I will adhere to.</p>	<input type="checkbox"/>
<p>If multiple providers claim for more than the maximum number of hours my child is eligible for and I have given any misleading information on this declaration, I may be asked to reimburse one of the providers, or my child's place may be forfeited. I understand that checks on my claim will be made.</p>	<input type="checkbox"/>
<p>I confirm that the information on this contract is accurate and I understand that anyone who knowingly makes a false declaration in an attempt to obtain a funded entitlement place fraudulently may be committing an offence. The Local Authority has a duty to protect the public funds it administers, and to this end will use the information I have provided on this form for the prevention and detection of fraud. The Local Authority will also share this information with other bodies responsible for auditing or administering public funds for these purposes.</p>	<input type="checkbox"/>
<p>I am aware that the information I have provided will 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, Disability Access Fund and undertake validity checks for the Extended Entitlement on behalf of my child.</p>	<input type="checkbox"/>
<p>The personal data I supply will be kept securely by Derbyshire County Council (DCC) and this Provider in accordance with the General Data Protection Regulations, DPA 2018 and any subsequent legislation. This information may be shared with other Local Authorities or Childcare Providers in accordance with the Privacy Notice issued to you by this Early Years setting prior to you completing this form. I have a right to have inaccurate/incomplete information corrected. To ensure eligibility and for audit purposes, DCC requires Providers to confirm they have seen evidence of DOB by recording the evidence from one from the following, birth certificate, passport or NHS Red Book for all funded children.</p>	<input type="checkbox"/>

Signed Parent / Guardian		Print Name	
Relationship to Child		Date	

To be completed by the Provider:

Contract Start Date		Expected Contract Length (Terms)	
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NB Providers must adhere to the retention periods recommended within the Companies Act, which states documents relating to income should be kept for 6 years, plus the current financial year (any provider acting as a sole trader e.g. child minders, must adhere to the retention periods recommended within the Public Records Act, of 5 years, plus the current financial year).

If the form has been completed and returned electronically then the corresponding emails should also be retained.

Ethnicity

The Department for Education (DfE) ask Local Authorities to collect details on child ethnicity. This data is reported back to the DfE in the census collection. This is an optional field and is not mandatory. Please put the relevant description in the Ethnicity box on page 1 if you wish to do so.

Description	Description
White - British	Any other Black background
White - Irish	Indian
White - traveller of Irish Heritage	Pakistani
White - Gypsy/ Roma	Bangladeshi
White - any other background	Any other Asian background
Chinese	Mixed – White and Black Caribbean
Any other Ethnic background	Mixed – White and Black African
Black – Caribbean	Mixed – White and Asian
Black - African	Any other Mixed background

Contract Amendment Sheet

Please use this page to make amendments to the contract as and when they occur. Both the parent and a representative of the Provider should sign the change. This replaces the need for the parent to sign the form each term.

Details of change:

Date change to take effect:..... Parent Signature:.....

Provider Signature:

Details of change:

Date change to take effect:..... Parent Signature:.....

Provider Signature:

Details of change:

Date change to take effect:..... Parent Signature:.....

Provider Signature:.....