



Parental Contract for the Early Years Free Entitlement - 2, 3 and 4 year olds – 22/23

Please read these notes before filling in this form:

3 & 4 Year Olds Only: All children are entitled to 15 Universal free hours from the term after the child's 3rd birthday

If a family apply to HMRC and are eligible, they will also be eligible to 15 Extended free hours, this could then make a total of 30 free funded hours

Please note this form is mandatory and must be completed before your Early Years Provider can claim the Free Entitlement for your child

Please put your child's full name as shown on his/her birth certificate. Do not include nicknames or shortened names.

Child's details:

Child's legal surname: _____

Name by which the child is known (if different from above):

Address: _____

Postcode: _____

Documentary proof of DOB Type (e.g. Birth Certificate, Passport): _____

Date document recorded: _____

Document recorded by: _____

Child's legal forename: _____

Gender: Male / Female

Date of Birth: _____

Ethnic Code (see list below): _____

Extended Entitlement Validity Code for 3 and 4 year old children only:

Parent/carer National Insurance or NASS Number:

Ethnic Codes:

WBRI White British

WIRI White Irish

WIRT Traveller of Irish Heritage

WROM Gypsy/Roma

WOTH White, any other White background

MWBC Mixed, White and Black Caribbean

MWBA Mixed, White and Black African

MWAS Mixed, White and Asian

MOTH Mixed, any other mixed background

AIND Asian or Asian British, Indian

APKN Asian or Asian British, Pakistani

ABAN Asian or Asian British, Bangladeshi

AOTH Asian or Asian British, any other Asian background

BCRB Black or Black British, Caribbean

BACFR Black or Black British, African

BOTH Black or Black British, any other Black background

CHNE Chinese

OOTH Any other ethnic background

REFU Did not wish to be recorded

NOBT Not obtained

Has your child been at a childcare provider previously accessing their free entitlement, if so, please note below:

Applies to 3 and 4 year olds only:

Is your child eligible for Early Years Pupil Premium (EYPP): Yes / No (please delete as appropriate)

EYPP is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to impact positively on your child's progress and development by improving the teaching, learning, facilities and resources.

Children whose parents/carers receive one of the following benefits will generate EYPP for their provider:

- | | |
|---|--|
| <ul style="list-style-type: none">• Income Support (IS)• Income-based (not contribution based) Job Seeker's Allowance (IBJSA)• The Guarantee element of the State Pension Credit• Income-related employment and support allowance• Or financially supported by NASS (National Asylum Support Service) | Child Tax Credit except if you meet <u>ANY</u> of the following criteria:
i) entitled to Working Tax Credit (regardless of income)
ii) have an annual income in excess of £ 16,190 |
|---|--|

If you believe your child may qualify for EYPP please provide the following information for the **main benefit claimant** to enable the Local Authority to confirm eligibility:

Parent/carer legal surname: _____ Parent/carer legal first name: _____

(these names should be the same as your benefits record)

Parent/carer date of birth: _____ Parent/carer National Insurance/NASS Number: _____

Parent/carer signature: _____

Is your child eligible and in receipt of Disability Living Allowance (DLA): Yes / No (please delete as appropriate)

If your child is in receipt of DLA and is splitting their free entitlement across two or more providers please nominate below the main setting where the Local Authority should pay the Disability Access Funding (DAF):

Name of Provider: _____

Declaration I (name): _____ confirm that the information I have provided above is accurate and true. In addition, I agree that the information I have provided can be shared with the Local Authority and HM Revenue and Customs, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim the DAF on behalf of my child.

Print Name: _____

Signed: _____ Date: _____

Applies to 2, 3 and 4 year olds

- You need to complete a Parental Contract with each provider your child attends for their Free Entitlement in order to ensure that funding is paid fairly between them.
- The Government require parents to select the provider where you wish your child to continue to receive the Universal 15 Hours should your child no longer meet the criteria to access the Extended 15 Hours.
- Select Universal (U) against the provider(s) providing upto 15 hours of Free Entitlement available to all eligible 2, 3 and 4 year olds.
- Select Extended (E) against the provider(s) providing upto 15 hours of Free Entitlement available to eligible 3 and 4 year olds.

This Contract starts from (date): _____

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38 or 51/52)	(Universal) U	(Extended) E
	MON	TUES	WEDS	THURS	FRI				
Total Daily Free Hours Attended									

DECLARATION:

I confirm that the information I have provided on this Parental Contract is accurate and true. I understand and agree to the conditions set out in this Contract and I authorise the provider(s) named above to claim the free entitlement funding as agreed on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	

FOR CHILDCARE PROVIDER USE ONLY:

Amendment to Parental Contract Form, please complete as appropriate.

Parent/carer name:

Date change takes effect:

Change of free entitlement hours:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38 or 51/52)	U (Universal)	E (Extended)
	MON	TUES	WEDS	THURS	FRI				
Total Daily Free Hours Attended									

Other changes i.e. change of address:

I confirm that the information I have provided on this Amendment Form is accurate and true.

Parent/Carer/Guardian		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	