



PARENT / CARER DECLARATION FORM FOR NURSERY EDUCATION FUNDING FOR 2, 3 & 4 YEAR OLDS

BEDFORD BOROUGH COUNCIL

This form is for use by parents/carers of children aged 2, 3 or 4 years who are attending a provider to enable a child to receive early years education funding. My child is attending this term:

Are you claiming the funding all year round (stretched) or just term time?

You are able to use your hours at more than one setting. Ensure you put all settings where you are claiming funding here

Enter the total number of hours that your child is at each setting on the correct days

Enter the total of funded hours for each setting

| | Provider Name(s) | Universal (U) or Extended (E) | Please enter TOTAL ATTENDED for each day | | | | | Total hours | Term Time only or stretched |
|----------------------|------------------|-------------------------------|--|-----|-----|-----|-----|-------------|-----------------------------|
| | | | Mon | Tue | Wed | Thu | Fri | | |
| 1 st | ABC Preschool | | 3 | 3 | | | | 6 | TT |
| 2 nd | 123 Preschool | | | | 3 | 3 | 3 | 9 | TT |
| 3 rd | | | | | | | | | |
| Total hours attended | | | 3 | 3 | 3 | 3 | 3 | 15 | |

Universal = hours your child is entitled to. Extended = hours families can claim if they are entitled to 30 hours

Enter the number of funded hours you claim on each day

This should be up to either 15 or 30

CHILD'S DETAILS

| | | | |
|-------------------|----------------------|----------------|---------------|
| Forename | florence | Address Line 1 | 16 Treetops |
| Middle Name | | Address Line 2 | |
| Surname | Smith | Address Line 3 | |
| Date of Birth | 01/01/13 | Town | Milton Keynes |
| Gender | Male / <u>Female</u> | County | |
| Preferred Surname | Smith | Postcode | MK4 6SJ |

If your child is eligible for DLA the setting could ask for evidence. If your child is attending more than one setting you must choose which setting you want the payment to go to.

Below to state whether your child has a Special Educational Need (SEND)

| | | | |
|-------------|-------------------------------------|--------------------------------|--------------------------|
| SEN Support | <input checked="" type="checkbox"/> | Education Health and Care Plan | <input type="checkbox"/> |
|-------------|-------------------------------------|--------------------------------|--------------------------|

DISABILITY LIVING ALLOWANCE (DLA) and DISABILITY ACCESS FUND (DAF)

3 and 4 year old children who are in receipt of child DLA and are receiving the funded entitlement are eligible for the DAF. DAF is paid to the child's provider of nursery education funding as a fixed annual rate of £615 per eligible child.

Is your child in receipt of DLA?

Yes / No

If your child is splitting their funded entitlement across 2 or more providers, please nominate the main setting where the Local Authority should pay the DAF

Main setting 123 Preschool

CHILD'S ETHNIC GROUP (Please tick one of the boxes below)

| | | | | | |
|-------|--------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|--------------------------|
| White | - British (WBRI) | <input checked="" type="checkbox"/> | Asian or Asian British | - Indian (AIND) | <input type="checkbox"/> |
| | - Irish (WIRI) | <input type="checkbox"/> | | - Pakistani (APKN) | <input type="checkbox"/> |
| | - Traveller of Irish Heritage (WIRT) | <input type="checkbox"/> | | - Bangladeshi (ABAN) | <input type="checkbox"/> |
| | - Gypsy/Roma (WROM) | <input type="checkbox"/> | | - Any other Asian background (AOTH) | <input type="checkbox"/> |
| | - Italian (WITA) | <input type="checkbox"/> | | - Caribbean (BCRB) | <input type="checkbox"/> |
| | - White other (WOTH) | <input type="checkbox"/> | | - African (BAFR) | <input type="checkbox"/> |
| Mixed | - White and Black Caribbean (MWBC) | <input type="checkbox"/> | Black or Black British | - Any other black background (BOTH) | <input type="checkbox"/> |
| | - White and Black African (MWBA) | <input type="checkbox"/> | | Chinese (CHNE) | <input type="checkbox"/> |
| | - White and Asian (MWAS) | <input type="checkbox"/> | Any other ethnic background (OOTH) | | <input type="checkbox"/> |
| | - Any other Mixed background (MOTH) | <input type="checkbox"/> | Prefer not to say (REFU) | <input type="checkbox"/> | Not obtained (NOBT) |

Ensure that these details are filled in. Settings may be eligible for extra funds to help support your child


| | |
|---|-------------------------------------|
| 2 YEAR OLDS: | ED 15 HOURS: |
| I confirm the above named child is eligible for a funded 2 year old place | year old child is eligible for the |
| 2 Year Old Reference: — | 30 Hours DERN (11 digits): — |

| PARENT / CARER WITH PARENTAL RESPONSIBILITY | | | |
|---|----------|--------------------------------|--|
| Parent / Carer Details (1) | | Parent / Carer Details (2) | |
| Forename | Mark | Forename | |
| Surname | Smith | Surname | |
| Date of Birth | 31/03/71 | Date of Birth | |
| National Insurance or NASS No. | AA12345A | National Insurance or NASS No. | |

I, the parent / carer understand:

- A maximum of 10 hours may be taken in any one day, in ¼ hour (0.25) blocks and a maximum of 15 hours, or 30 hours if eligible, per week. A maximum of 2 providers can be used in one day.
- Hours may only be taken between 6am and 8pm.
- If my child attends a state maintained primary school provision, the hours attended count towards my child's entitlement.
- Optional additional services such as meals/snacks/drinks, trips and extra activities such as music/dance etc, are not covered by the Nursery Education Funding and the provider can make additional charges. It is my responsibility to ask whether charges apply before using the additional services and I will have to pay fees for these services if I want to receive them.
- I am responsible for ensuring that my child uses the funded hours applied for on a regular weekly basis and understand that if my child does not attend on a regular basis the funding may be withdrawn.
- If my child attends more than one provider, all providers and the total number of hours I wish to claim at each provider have been listed on this form.
- If entitled to a 30 hours funded place, I agree to the provider carrying out an initial eligibility check and the local authority carrying out periodic checks in order to confirm my continued eligibility.
- If I cease to meet the 30 hours eligibility criteria I will continue to receive funding for the "grace period" only
- I am entitled to claim for no more than the maximum number of funded hours for each period and that any hours my child attends over this will be charged to be by the childcare provider.
- If I have given any false information on this form, I may be asked to reimburse the provider. I confirm the details stated on this form are correct.
- I authorise Bedford Borough Council to check my eligibility for Early Years Pupil Premium (EYPP) / Funding for 2 Year Olds / 30 Hours Childcare as required, enabling the appropriate funding streams to be paid to my provider.
- I have shown the provider proof of my child's current address and date of birth.
- This information will be held electronically by the local authority under the requirements of the nursery education funding by the Department for Education.
- I have seen a copy of the Privacy Notice.

| | | |
|----------------------------------|-------------------------------|------------------------|
| Signature: <i>M Smith</i> | Print Name: MARK SMITH | Date: 01/11/17. |
|----------------------------------|-------------------------------|------------------------|

 Data Protection: All information you send us will be kept strictly confidential and used only by Bedford Borough Council. It will not be shared with any other individual or organisation.

ELIGIBLE DATES OF BIRTH: 1 JANUARY 2013 TO 31 DECEMBER 2015

Local Authority Spring 2018 Dates are: Wednesday 3 January – Thursday 29 March 2018