

**PARENT DECLARATION FORM
EARLY YEARS ENTITLEMENTS FOR 2, 3 & 4 YEAR OLDS**

- Please note, this form must be FULLY completed for each child claiming the Early Years Entitlement
- Providers must see proof of age for all funded children and ensure birth dates are eligible
- Parents need to agree and complete this Declaration Form with each setting their child attends for their EYE funding to ensure that funding is claimed correctly

Provider Name	
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Pupil Details			
Forename:		Middle Names:	
Surnames:		Preferred Surname:	
Date Of Birth:	D D M M Y Y Y Y	Gender:	
Address Line 1:		Address Line 2:	
Town:		County:	Lincolnshire
Postcode:		UPRN (If known)	
Ethnic Group	Please refer to the options provided as part of the equal opportunities monitoring form	SEN Provision	Yes / No
		<i>If Yes, please tick:</i>	SEN Support
			Education, Health and Care Plan
Attending another Setting?	Yes / No	Name of other Setting:	
Key Worker:		Funded Early Learning Ref: (2 Year Old ID)	

Parent Details			
<i>(only the qualifying parent's details are required but providers may collect more than 1 parents details)</i>			
Parent 1 Forename:		Parent 1 Surname:	
Date of Birth:		National Insurance Number:	A B 1 2 3 4 5 6 C
NASS (if applicable)		30 Hours Eligibility Code:	5 0 0
Parent 2 Forename:		Parent 2 Surname:	
Date of Birth:		National Insurance Number:	A B 1 2 3 4 5 6 C
NASS (if applicable)		30 Hours Eligibility Code:	

Funding Claim & Attendance					
Universal Hours (for eligible 2 year olds and all 3&4 year olds)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Extended Hours (for 3&4 year olds with an eligible 30 hours code)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Standard Offer – up to 15 hours per week (delivery over 38 weeks per year – term time only)				Stretched Offer – up to 12 hours per week (delivery over 47.5 weeks per year)	
Total un-funded hours per week (these are the hours the parent is required to pay for)					
Date when the child started accessing EYE funded hours at the setting (incl. date if any changes)					<i>DD/MM/YYYY</i>
If the child is attending another setting you must indicate the number of EYE funded hours being claimed by the other provider (this includes where a child may be attending a school)					
<i>Other Provider Section:</i>					
Universal Hours (for eligible 2 year olds and all 3&4 year olds)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Extended Hours (for 3&4 year olds with an eligible 30 hours code)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Standard Offer – up to 15 hours per week (delivery over 38 weeks per year – term time only)				Stretched Offer – up to 12 hours per week (delivery over 47.5 weeks per year)	
Total Number of Hours being accessed by the child across ALL SETTINGS					
September		October		November	
January			February		March
April		May		June	
TOTAL HOURS BEING CLAIMED ACROSS THE YEAR (BY ALL PROVIDERS) - This must not exceed 570 universal hours (plus 570 extended hours where applicable)					
Providers & parents must take note of the following:					
<ul style="list-style-type: none"> • If the number of hours per week changes, providers must amend this form, ask the parent to re-sign and date the form and state the date when the change happened • A child's total entitlement must not exceed 570 universal hours per year and up to 570 extended hours (where an eligible 30 hours ID code exists) 					

Additional Funding Eligibility			
Eligible for DAF? <i>If yes, have you uploaded the DLA certificate to the child's record in the EY Hub?</i>	Yes	/	No
Eligible for EYPP? <i>Have you entered all parent details into the EY Hub for a check to be completed?</i>	Yes	/	No
Awarded Inclusion Funding? <i>You must have an official letter confirming that an application was successful to receive this funding</i>	Yes	/	No

Parent Permissions		
30 Hours	I consent for the information supplied above to be used for the purposes of verifying my eligibility for the extended entitlement	Yes / No
Early Years Pupil Premium	I consent for the information supplied above to be used to check eligibility for the Early Years Pupil Premium for 3&4 year olds	Yes / No
Disability Access Fund	I nominate this provider to access DAF and consent for them to share my child's DLA certificate with the local authority as evidence	Yes / No
Children's Centre Registration	I agree for my data to be shared with the Local Authority and record my child's details on the Children's Centre register	Yes / No
<p><i>I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim.</i></p>		
Parent Name	Signature	Date
		D D M M Y Y Y Y

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner. For further information about how we use your personal details please see our Privacy Notice here: <https://www.lincolnshire.gov.uk/eycc/early-years-entitlements/registration-and-delivery/129305.article>