

EARLY YEARS FUNDED ENTITLMENT FOR 2, 3 & 4 YEAR OLDS

AMENDMENT FORM

PLEASE CIRCLE APPRORIATE TERM: AUTUMN / SPRING / SUMMER

IMPORTANT: PLEASE DO NOT COMPLETE WITHOUT REFERING TO "GUIDANCE ON COMPLETING THIS FORM:

CHILD'S LEGAL SURNAME		D'S LEGAL RENAME	_ DA	TE OF BIR	ТН	FULL	ADDRES	S	P	OSTCODE	MALE OR FEMALE	
Child's Ethnicity (Please refer to Guidance Document)						Does your o child has an your provide per week)	EHCP, M	ly Plan or a	My	Plan +		
Do you want to stretch the funding?	over ho					v many weeks?				(maximum of 50)		
PLEASE C NE DATE OF C	W STAR	TER / CH	IILD LE	AVING / [DECR					NG HOURS		
SETTING NAME(S)		Please enter the total hours a				attended per day			nber rs ng ,	UNIVERSAL hours claiming,	Total number of EXTENDED hours claiming,	
4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun			per week	per week	
3												
:												
Total daily hours attended	i											
PARENT/GUARDIAN D	e provide	rs and to	otal hours	s my child	d atter	nds and I v	wish to c	laim are	sho	wn above a	nd that the	
information is accura I understand and ag detailed on the Guid In addition, I also ag for Education, who wenable this provider	ree to the ance Doc ree that tl vill access	Early Yeument. De inform Inform	nation I h ation fro	nave prov m other g	rided o	can be sha ment dep	ared with artments	n the Loc s to confi	al A rm r	uthority and	Departmer	
I understand and ag detailed on the Guid In addition, I also ag for Education, who v enable this provider	ree to the ance Doc ree that tl vill access	Early Yeument. De inform Inform	nation I h ation fro	nave prov m other g	rided o	can be sha ment dep	ared with artments ed Fund	n the Loc s to confi	al A rm r	uthority and	Departmer	
I understand and ag detailed on the Guid In addition, I also ag for Education, who w	ree to the ance Doc ree that tl vill access	Early Yeument. De inform Inform	nation I h ation fro	nave prov m other g	rided o govern n or th	can be sha ment dep	ared with artments ed Fund	n the Loc s to confi ing Entit	al A rm r	uthority and	Departmer	