

POSTCODE

MALE OR

FEMALE

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

PARENT / GUARDIAN DECLARATION FORM - TERM 1 & 2 AUTUMN 2022

FULL ADDRESS

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

NAME OF CHILDCARE PROVIDER:

DATE OF BIRTH

CHILDS LEGAL

SURNAME

detailed on the Guidance Document.

NAME (Print)

SIGNED

NI/NASS NUMBER

CHILDS LEGAL

FORENAME

Child's Ethnicity (Please refer to Guidance Document)	child ha						rour child have a SEN status? (If your as an EHCP, My Plan or a My Plan + rovider may be able to claim more hours ek)			
Do you want to stretch the funding?					over how many weeks?				(maximum of 50)	
ATTENDANCE DETAILS	(Please s	state ALL t	he provid	lers and h	nours yo	our child is	attendin	g and claim	ing)	
SETTING NAME(S)	Please enter the total hours attended per day							Total numb of hours attending per week	er of UNIVERSAL, hours	Total number of EXTENDED hours claiming,
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	<u> </u>	per week	per week
A										
В										
С										
Total daile basses attanded									•	
Total daily hours attended										

In addition, I also agree that the information I have provided can 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

DOB

DATE

30 HOURS ELIGIBILITY CODE (*)

enable this provider to claim Early Years Pupil Premium or the Extended Funding Entitlement.