

**Early Years Entitlement for 2, 3 and 4 Year Olds**  
**The Parent Carer & Provider Contract.**

This form should be completed by the parent / carer and Provider and will be used by the Provider to complete the Provider Portal to claim funding for each period.

|               |  |
|---------------|--|
| Provider Name |  |
| EY Number     |  |

**Child Details:**

|  |  |
|--|--|
| Legal Forename   |  |
| Legal Middle Name  |  |
| Legal Surname  |  |
| Date of Birth  |  |
| <b><u>This box is for Provider use only</u></b><br>Proof of DOB Seen (Y/N). Please note document type seen and a signature of staff member seeing the document |  |
| Gender (M/ F)  |  |
| Preferred Surname  |  |
| Ethnicity (Optional information - Please see the list at back of this document and write in this box)  |  |

|                |  |
|----------------|--|
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Locality       |  |
| Town           |  |
| County         |  |
| Post Code      |  |

**Two Year Old Funding Only:**

If your child is eligible to receive 2 year old funding, please complete the boxes below:

|  |  |                             |  |
|--|--|-----------------------------|--|
| 2 year old Eligibility Code                  |  | Child's Eligible Start Date |  |
| Local Authority Eligibility was approved by: |  |                             |  |

## **Parent / Carer Details – Extra Funding Opportunities (30 Hrs and EYPP):**

Providing these details enables the Provider and the Local Authority to check whether the child is eligible for:

**Extended Entitlement Funding (otherwise known as 30 hours)**

**And / or**

**Early Years Pupil Premium:** (Early Years Pupil Premium enables the Provider to claim an extra £1.84 per hour that your child will benefit from if found as eligible)

|   |  |   |  |
|---|--|---|--|
| Parent / Carer 1<br>Forename            |  | Parent / Carer 2<br>Forename            |  |
| Parent / Carer 1<br>Surname             |  | Parent / Carer 2<br>Surname             |  |
| Parent / Carer 1<br>DOB                 |  | Parent / Carer 2<br>DOB                 |  |
| National<br>Insurance or<br>NASS number |  | National<br>Insurance or<br>NASS number |  |

In order to claim Extended Entitlement funding please provide the code issued to you by HMRC. Please remember that the code **MUST** be re-confirmed with HMRC before the end date to continue to claim funding.

|               |  |
|---------------|--|
| 30 Hours Code |  |
|---------------|--|

**Please tick to give consent for the checks to be carried out.**

EYPP  And / or  30 Hrs

**By completing this section you are giving consent for the Provider and the Local Authority to use the information you have included to check your eligibility for Early Years Pupil Premium and / or Extended Entitlement funding.**

**Please note: Funding cannot be claimed without these details and consent.**

## **Disability Access Fund Declaration:**

3 and 4 year old children who are in receipt of child Disability Living Allowance and are receiving the Early Years Entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years provider as a fixed annual rate of £615 per eligible child. This funding can only be paid to one Provider which you must nominate.

**Is the Child in Receipt of Disability Living Allowance (DLA)?**

Yes  No

If your child is splitting the Early Years Entitlement across more than one Provider, please specify which Provider you would like to receive the Disability Access Funding:

|                |  |
|----------------|--|
| Provider Name: |  |
|----------------|--|

**Evidence that child is in receipt of Disability Living Allowance must be seen and a copy must be retained by the Provider.**

## **Funding Details:**

This section must be completed for each setting your child attends for funded hours. Providing these details helps each Provider plan the hours of attendance, set staffing ratios accordingly and ensure children are not over-funded, therefore **ALL** Providers where the child is claiming funding **MUST** be listed in the table below.

Children can claim up to a **MAXIMUM** of 15 hours per week of Universal and 15 hours per week of Extended Entitlement (30 hours – if eligible) funding over 38 weeks of the year. If you are unsure of how best to split the Universal or Extended hours please speak to your provider / providers. Please also speak to your Provider if you would like to claim stretched funding as this will reduce the weekly amount of funding you can claim (Providers are under no obligation to offer extended entitlement hours or to offer a stretched funding option).

My child claims funding at the following Provider(s):

(The first Provider should be the Provider you are completing this form for)

| <b>Provider Name</b> | <b>Total Universal Hours Claiming Per Week</b> | <b>Total Extended Hours Claiming Per Week</b> | <b>Total Days Claiming Funding over Per Week</b> | <b>Number of Non-Funded Hours Attending Per Week</b> | <b>Term Time or Stretched (TT or S)</b> |
|----------------------|--|---|--|--|---|
|                      |  |   |  |  |   |
|                      |  |   |  |  |   |
|                      |  |   |  |  |   |
|                      |  |   |  |  |   |

## **Extended Entitlement (30 Hours) Cut-Off Dates:**

The Department for Education have cut-off dates for each term. Extended Entitlement codes must be valid on the following dates to be eligible for the following term:

**August 31<sup>st</sup> to be eligible for Autumn Term**

**December 31<sup>st</sup> to be eligible for Spring Term**

**March 31<sup>st</sup> to be eligible for Summer Term.**

Codes not valid at these dates, or issued with start dates after these dates, cannot be used for the funded hours in these terms.

## **TERMS AND CONDITIONS:**

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the funded entitlement:

|  |                          |
|--|--------------------------|
| <p>I understand that the early years entitlement hours must be delivered completely free of charge at the point of delivery and that I cannot be charged for this in advance (this does not apply to a retainer to secure a place).</p> <p>I will be responsible for payment of any hours exceeding 15 if my child is not eligible for the extra entitlement, or exceeding 30 hours if my child is eligible, taken either here or elsewhere.</p> <p>I have seen a copy of the providers pricing policy.</p>  | <input type="checkbox"/> |
| <p>I have received information from the provider/s above and been advised of additional services available for my child and I understand I will be charged for these services should I wish to use them. I fully understand that my provider/s cannot insist I take and pay for additional goods and services as a condition of accessing an early years entitlement place.</p>  | <input type="checkbox"/> |
| <p>If my child only attends for an early years entitlement place, I understand that there is not a required notice period and that should my child leave the following will happen:</p> <ul style="list-style-type: none"> <li>• my provider will be paid to the end of the funded week of my child's last day of attendance</li> <li>• my child can access the early years entitlement with another provider at the start of the next funded week.</li> </ul> <p>I will inform the provider of my child's last day of attendance in advance, if possible. If I am paying for additional childcare hours, I understand my provider may have a notice period that I will adhere to.</p>   | <input type="checkbox"/> |
| <p>If multiple providers claim for more than the maximum number of hours my child is eligible for and I have given any misleading information on this declaration, I may be asked to reimburse one of the providers, or my child's place may be forfeited. I understand that checks on my claim will be made.</p>  | <input type="checkbox"/> |
| <p>I confirm that the information on this contract is accurate and I understand that anyone who knowingly makes a false declaration in an attempt to obtain a funded entitlement place fraudulently may be committing an offence. The Local Authority has a duty to protect the public funds it administers, and to this end will use the information I have provided on this form for the prevention and detection of fraud. The Local Authority will also share this information with other bodies responsible for auditing or administering public funds for these purposes.</p>  | <input type="checkbox"/> |
| <p>I am aware that the information I have provided will 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 enable this provider to claim Early Years Pupil Premium, Disability Access Fund and undertake validity checks for the Extended Entitlement on behalf of my child.</p>   | <input type="checkbox"/> |
| <p>The personal data I supply will be kept securely by Derbyshire County Council (DCC) and this Provider in accordance with the General Data Protection Regulations, DPA 2018 and any subsequent legislation. This information may be shared with other Local Authorities or Childcare Providers in accordance with the Privacy Notice issued to you by this Early Years setting prior to you completing this form. I have a right to have inaccurate/incomplete information corrected. To ensure eligibility and for audit purposes, DCC requires Providers to confirm they have seen evidence of DOB by recording the evidence from one from the following, birth certificate, passport or NHS Red Book for all funded children.</p> | <input type="checkbox"/> |

|                                 |  |                   |  |
|---------------------------------|--|-------------------|--|
| <b>Signed Parent / Guardian</b> |  | <b>Print Name</b> |  |
| <b>Relationship to Child</b>    |  | <b>Date</b>       |  |

**To be completed by the Provider:**

|                            |  |   |  |
|----------------------------|--|---|--|
| <b>Contract Start Date</b> |  | <b>Expected Contract Length (Terms)</b> |  |
|----------------------------|--|---|--|

## **Ethnicity**

The Department for Education (DfE) ask Local Authorities to collect details on child ethnicity. This data is reported back to the DfE in the census collection. This is an optional field and is not mandatory. Please put the relevant description in the Ethnicity box on page 1 if you wish to do so.

| <b>Description</b>                  | <b>Description</b>                |
|-------------------------------------|-----------------------------------|
| White - British                     | Any other Black background        |
| White - Irish                       | Indian                            |
| White - traveller of Irish Heritage | Pakistani                         |
| White - Gypsy/ Roma                 | Bangladeshi                       |
| White - any other background        | Any other Asian background        |
| Chinese                             | Mixed – White and Black Caribbean |
| Any other Ethnic background         | Mixed – White and Black African   |
| Black – Caribbean                   | Mixed – White and Asian           |
| Black - African                     | Any other Mixed background        |

## Contract Amendment Sheet

Please use this page to make amendments to the contract as and when they occur. Both the parent and a representative of the Provider should sign the change. This replaces the need for the parent to sign the form each term.

Details of change:

Date change to take effect:..... Signed Parent.....

Signed Provider.....

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Details of change:

Date change to take effect:..... Signed Parent.....

Signed Provider.....

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Details of change:

Date change to take effect:..... Signed Parent.....

Signed Provider.....