

PARENT DECLARATION FORM for FREE EARLY EDUCATION ENTITLEMENT (FEEE) Funding for 2, 3 & 4 year olds

Please read these notes before filling in this form:

Completion of this form is a requirement before your Early Education Funding Provider can claim Early Education Funding for your child. Information provided on this form may be shared within the council and with relevant childcare providers, to ensure the entitlement is accessed in accordance with the grant terms and conditions.

Section A: Child

Childs Legal Surname* _____ Childs Legal First Name* _____

*Details above should be recorded as they appear on the child's birth certificate or passport

Address _____

Post Code _____ Date of Birth _____ Gender Male Female

Section B: Details of Parent/Guardian/Carer requesting the place

Surname _____ First Name _____

Relationship to Child _____ Telephone No. _____

Address _____

Post Code _____ e-mail address _____

Are you a Lone Parent Living with your partner

Are you Employed Unemployed

Is your partner Employed Unemployed N/A , I do not have a partner

Is your child in receipt of Disability Living Allowance Y/N

1. Consent to share contact details
Waltham Forest will share your contact details internally and pass them onto your local Children's Centre in order for you to be contacted and provided with information on free childcare, play, support and advice services that are available to you as well as school places. If you do not wish your details to be passed on, please tick here:

Section C: Setting and attendance details

I understand that if I 'stretch' my entitlement over more than 38 weeks per annum (pa) this will reduce my weekly entitlement as detailed below:

	38 wks pa	39 wks pa	48 wks pa	50 wks pa	51wks pa	52 wks pa
15 hrs p/w	15	14.5	12	11.5	11	11
30hr p/w (eligible families)	30	29	24	23	22	22

School/ Childcare setting Name _____

Ofsted/DfE URN no _____

I confirm that my child will access their free entitlement through one provider on the days and times shown below over **38/39/48/50/51/52** weeks per annum (delete as appropriate) :

	Monday		Tuesday		Wednesday		Thursday		Friday		Total hrs	Total weekly Charge
	Start-Finish times	No of Hrs	Start-Finish times	No of Hrs	Start-Finish times	No of Hrs	Start-Finish times	No of Hrs	Start-Finish times	No of Hrs		
Example	9am-5pm	8hrs	9am-5pm	8hrs	9am-5pm	8hrs	9am-5pm	8hrs	9am-5pm	8hrs		
All Attendance hours												
Free Early education hours (A)												NIL
Chargeable hours @ £ X per hour												

Please sign either Statement 1 or Statement 2:

Statement 1:

I confirm that my child does not access a free place with another provider in London Borough of Waltham Forest

Parent Signature _____ Date _____

Statement 2:

I confirm that in addition to the provider detailed above my child takes up free early hours with another provider in London Borough of Waltham Forest Council or with a provider in another Local Authority as outlined below over **38/39/48/50/51/52** weeks per annum (delete as appropriate):

Provider Name _____ Ofsted URN No. _____

	Mon	Tue	Wed	Thu	Fri
Attendance Hrs (number)					
Free Early Education Hrs (number)					

Parent Signature _____ Date _____

Section D: Parent/Carer/Guardian with legal responsibility declaration

Declaration I (name)..... of

(address)..... confirm that the information I have provided above is accurate and true. The total number of free early education hours claimed from the provider detailed on this declaration and other provider do not exceed 570 hrs per annum, for universal entitlement of up to 15 hrs per week, or 1140 hrs for Extended Entitlement of up to 30 hrs per week entitlement. I understand and agree to the conditions set out in this document and I authorise the above named provider to claim free entitlement funding on my behalf.

In addition, I agree that the information I have provided can be shared with the local authority and Department of Education, who will access from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility		FEEE provider	
<u>Signed</u>		<u>Signed</u>	
<u>Print Name</u>		<u>Print Name</u>	
<u>Date</u>		<u>Date</u>	

For completion by school/ childcare provider

Failure to complete this section could result in non/repayment of monies paid in respect of the child

2 yr old FEEE places only			
Ticket/Unique reference Number			
	Print Name	Signature	Date
Unique reference number confirmed as eligible by (see FEEE guidance on The Hub for details of how to check eligibility)			

3&4 yr old FEEE places only			
Early Years Pupil Premium Unique Reference Number			
	Print Name	Signature	Date
EYPP Unique reference number confirmed as eligible by (see FEEE guidance on The Hub for details of how to check eligibility)			

Up to 30 hrs per week eligibility code			
30 hrs Unique reference number confirmed as eligible by (see FEEE guidance on The Hub for details of how to check eligibility)			
	Print Name	Signature	Date

Date of Birth Confirmation

All 2,3 & 4 year old places	Doc Attached (tick)	Print Name	Signature	Date
Passport				
Birth Certificate				

Please attach photocopy of the child's birth certificate or passport this declaration to verify the child/ren's eligibility to access the grant. Please redact any sensitive information e.g. passport number.