

**EARLY YEARS FUNDED HOURS PARENT AGREEMENT FORM**

1. **CHILDS DETAILS**

|  |  |
| --- | --- |
| **Child’s legal Forename:** | **Child’s Legal Family Name:** |
| **Child’s Date of Birth: Day/Month/Year** | **Male/Female:** |
| **Home Address:** |

|  |
| --- |
| **Child’s Ethnicity (Please tick one of the boxes below)** |
| ABAN | Bangladeshi or British Bangladeshi |  | MWAS | Mixed – white/Asian |  |
| AIND | Indian or British Indian |  | MWBA | Mixed – white/Black African |  |
| AMPK  | Mirpuri Pakistani or British Mirpuri Pakistani |  | MWBC | Mixed - White/Black Caribbean |  |
| AOPK | Other Pakistani or Other British Pakistani |  | MOTH | Any other mixed background |  |
| AOTH | Any other Asian or British Asian background |  | WBRI | White British |  |
| BAFR | Black African or British Black African |  | WIRI | White Irish |  |
| BCRB | Black Caribbean or British Black Caribbean |  | WIRT | Traveller – Irish heritage |  |
| BOTH | Any other Black or Black British background |  | WROM | Roma/Roma Gypsy |  |
| CHNE | Chinese or British Chinese |  | WOTH | Any other white background |  |
| OOTH | Other - Any other ethnic group  |  | REFU | Refused |  |

1. **PARENTS DETAILS**

|  |  |
| --- | --- |
| Parent’s name |  |
| Parent’s telephone number |  |
| Parent’s email address |  |

**2a. Additional details for children claiming 15 hours for a 2 year old**

|  |
| --- |
| **Parent/carer National Insurance Number:**  |
| ***Tick which eligibility you meet on the list below*** |
| Income Support |  |
| Income-based Jobseeker’s Allowance |  |
| Income related Employment and Support Allowance |  |
| Support under part VI of the Immigration and Asylum Act 1999 |  |
| The “Guarantee” element of State Pension Credit |  |
| Tax credits and have an annual income under £16,190 before tax |  |
| Child who is looked after by the local council  |  |
| Child who has left care through special guardianship order, child arrangements order or adoption order |  |
| Children who has a current statement of special educational needs (SEN) or an education, health and care plan |  |
| Disability Living Allowance - Parents accessing disability living allowance for their child |  |

**2b. Additional details for children eligible for 30 hours**

The provider must check the eligibility code before offering the funded hours. Bradford Council will also check the code as part of the funding process.

|  |  |
| --- | --- |
| **Parent/carer National Insurance Number:**  | **Parents Date of Birth: Day/Month/Year** |
| **30 hours HMRC eligibility code: 11 digit number** (e.g. 50001234567)  |

**2c**. **EARLY YEARS PUPIL PREMIUM (EYPP)**

Providers can claim extra funding through the Early Years Pupil Premium to support children’s development, learning and care.   Bradford Council will inform your childcare provider if your child is eligible for EYPP based on you being in receipt of out-of-work benefits.  For those children who are Looked After or have left care through particular circumstances (adoption, special guardianship or a child arrangement order) please tick the relevant box below and provide your childcare provider with a copy of the relevant court order or a letter from your child’s social worker:

|  |  |
| --- | --- |
| Looked After Child |  |
| Left Care Through Adoption |  |
| Left Care Through Special Guardianship   |  |
| Left Care through Child Arrangement order |  |

**2d. Disability Access Fund**

Parents of children who are in receipt of Disability Living Allowance DLA and are receiving their 3 and 4 year old funded entitlement can apply for the Disability Access Fund (DAF) to be paid to a provider.

Disability Access Fund is paid to the child’s early year provider as a fixed annual rate of £615. Funding can only be paid to one provider.

The funding aids access to early years places, it should help towards making reasonable adjustments and/or helping with building capacity, be that for your child, or for the benefit of children as a whole attending the setting.

If your child is in receipt of Disability living Allowance please tick the relevant boxes below and ask your provider for information on how to make an application.

|  |  |
| --- | --- |
| My child has been awarded Disability living Allowance |  |
| I intend making an application for funding to go to the provider named in this form  |  |
| I do not intend making an application for funding to be paid to the provider named in this form |  |

1. **SETTING AND ATTENDANCE DETAILS**

You need to agree and complete a Parent Agreement Form with each setting your child attends for their early years funded entitlement of 15 or 30 hours per week.

Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting Bradford Council will split the funding paid to each setting.

If you are eligible for 30 hours, 15 hours are universal hours and 15 hours are extended hours. You need to indicate in the table below where your universal and extended hours will be accessed. This is particularly important if you become ineligible for the extended hours as you would still be entitled to the universal 15 hours.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **My child is attending the following settings/providers:**Name **all** providers including school nurseries | **Total no. of hours per week** | **No. of weeks per year (e.g. 38, 45, 51)** | **No. of Universal hours per week**  | **No. of Extended hours per week** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **PARENT/CARER/GUARDIAN WITH LEGAL RESPONSIBILITY DECLARATION**

**Declaration I** (Full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* authorise (name of provider)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to check my child’s eligibility using official documents provided by myself and by using Bradford Council’s checking systems
* authorise the above provider to claim early years funding as agreed above on behalf of my child
* understand I cannot access a place with a registered childminder if my child is a relative of the childminder (*a 'relative’, in relation to a child, means a grandparent, aunt, uncle, brother or sister, whether of the full blood or half blood or by marriage or civil partnership)*
* have received information by the provider of any additional services available and understand that the provider may charge me if I take up any additional services that are beyond my child’s entitlement hours
* agree that the information I have provided in this form can be shared with Bradford Council and the Department for Education regarding my eligibility and attendance
* confirm that the information I have provided in this form is accurate and true, and that I am responsible for informing the provider of any changes
* understand if my child doesn’t start before the census date I will not be eligible to receive funding until the start of the next term
* understand that if I register with a provider and my child starts attending, then I choose to leave prior to census date, the provider will not be able to claim the funding for any hours my child has attended so far. This may result in the provider billing me for the cost of the hours my child has attended
* understand I cannot transfer my child’s funded hours to another provider part way through the funding period

|  |  |  |
| --- | --- | --- |
| Parent’s Name  | Parent’s Signature | Date |

**5. PROVIDER SECTION - ELIGIBILITY RECORDING**

This section must be completed by the provider

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Documentary proof**Name all documents checked | **Date documents checked** (dd/mm/yyyy) | **Checked by** Name of member of staff | **Start date**Date the funded hours will begin (dd/mm/yyyy) | **End date**Date the funded hours ended (dd/mm/yyyy) |
| **Child’s Date of birth all children**Birth CertificatePassport |  |  |  |  |  |
| **2 year old eligibility**Eligibility Checking Service (online checker) print out of positive checkor official DWP or HMRC documentor Looked after child /adoption documentation |  |  |  |  |  |
| **30 hour eligibility** Funded 30 hour Code Checker (secure online checker) print out of positive check  |  |  |  |  |  |

\* This Form is a template produced by Bradford Council Early Years Service for use by all early years funded providers registering children age 2, 3 and 4 years for their funded entitlement hours 11/7/17