

**PARENT DECLARATION FORM  
EARLY YEARS ENTITLEMENTS FOR 2, 3 & 4 YEAR OLDS**

- Please note, this form must be FULLY completed for each child claiming the Early Years Entitlement
- Providers must see proof of age for all funded children and ensure birth dates are eligible
- Parents need to agree and complete this Declaration Form with each setting their child attends for their EYE funding to ensure that funding is claimed correctly

<b>Provider Name</b>	<b>Old Leake Primary and Nursery School</b>
----------------------	---

Pupil Details			
<b>Forename:</b>		<b>Middle Names:</b>	
<b>Surnames:</b>		<b>Preferred Surname:</b>	
<b>Date Of Birth:</b>	D D M M Y Y Y Y	<b>Gender:</b>	
<b>Address Line 1:</b>		<b>Address Line 2:</b>	
<b>Town:</b>		<b>County:</b>	Lincolnshire
<b>Postcode:</b>		<b>UPRN (we will complete)</b>	
<b>Ethnic Group</b>	Please refer to the options provided as part of the equal opportunities monitoring form	<b>SEN Provision</b>	<b>Yes / No</b>
		<i>If Yes, please tick:</i>	SEN Support
			Education, Health and Care Plan
<b>Attending another Setting?</b>	<b>Yes / No</b>	<b>Name of other Setting:</b>	
<b>Key Worker:</b>			

Parent Details			
<i>(only the qualifying parent's details are required but providers may collect more than 1 parents details)</i>			
<b>Parent 1 Forename:</b>		<b>Parent 1 Surname:</b>	
<b>Date of Birth:</b>		<b>National Insurance Number:</b>	A B 1 2 3 4 5 6 C
<b>NASS (if applicable)</b>		<b>30 Hours Eligibility Code:</b>	5 0 0
<b>Parent 2 Forename:</b>		<b>Parent 2 Surname:</b>	
<b>Date of Birth:</b>		<b>National Insurance Number:</b>	A B 1 2 3 4 5 6 C
<b>NASS (if applicable)</b>		<b>30 Hours Eligibility Code:</b>	

Funding Claim & Attendance					
<b>Old Leake Primary and Nursery School - Funding</b>					
<b>Universal Hours</b> (for eligible to all 3&4 year olds)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Standard Offer – up to 15 hours per week (delivery over 38 weeks per year – term time only)			yes		
Date when the child started accessing EYE funded hours at the setting <i>(incl. date if any changes)</i>					<i>DD/MM/YYYY</i>
If the child is attending another setting you must indicate the number of EYE funded hours being claimed by the other provider <i>(please complete if your child attends another setting)</i>					
<b>Name of other setting:</b>					
<b>Universal Hours</b> (for eligible 2 year olds and all 3&4 year olds)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
<b>Extended Hours</b> (for 3&4 year olds with an eligible 30 hours code)					
Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
					<i>Must not exceed 15</i>
Standard Offer – up to 15 hours per week (delivery over 38 weeks per year – term time only)					
<b>Total Number of Hours being accessed by the child across ALL SETTINGS – per week</b>					
September		October		November	
January		February		March	
April		May		June	
TOTAL HOURS BEING CLAIMED ACROSS THE YEAR (BY ALL PROVIDERS) - This must not exceed 570 universal hours (plus 570 extended hours where applicable)					
Providers & parents must take note of the following:					
<ul style="list-style-type: none"> <li>• If the number of hours per week changes, providers must amend this form, ask the parent to re-sign and date the form and state the date when the change happened</li> <li>• A child's total entitlement <b>must not exceed 570 universal hours per year</b> and up to 570 extended hours (where an eligible 30 hours ID code exists)</li> </ul>					

Additional Funding Eligibility			
<b>Eligible for DAF?</b> <i>If yes, have you uploaded the DLA certificate to the child's record in the EY Hub?</i>	<b>Yes</b>	<b>/</b>	<b>No</b>
<b>Eligible for EYPP?</b> <i>Have you entered all parent details into the EY Hub for a check to be completed?</i>	<b>Yes</b>	<b>/</b>	<b>No</b>
<b>Awarded Inclusion Funding?</b> <i>You must have an official letter confirming that an application was successful to receive this funding</i>	<b>Yes</b>	<b>/</b>	<b>No</b>

Parent Permissions		
<b>30 Hours</b>	I consent for the information supplied above to be used for the purposes of verifying my eligibility for the extended entitlement	<b>Yes / No</b>
<b>Early Years Pupil Premium</b>	I consent for the information supplied above to be used to check eligibility for the Early Years Pupil Premium for 3&4 year olds	<b>Yes / No</b>
<b>Disability Access Fund</b>	I nominate this provider to access DAF and consent for them to share my child's DLA certificate with the local authority as evidence	<b>Yes / No</b>
<b>Children's Centre Registration</b>	I agree for my data to be shared with the Local Authority and record my child's details on the Children's Centre register	<b>Yes / No</b>
<p><i>I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim.</i></p>		
<b>Parent Name</b>	<b>Signature</b>	<b>Date</b>
		D D M M Y Y Y Y

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner. For further information about how we use your personal details please see our Privacy Notice here: <https://www.lincolnshire.gov.uk/eycc/early-years-entitlements/registration-and-delivery/129305.article>