

Parental Declaration Form for 2, 3&4 year old funding

To be completed by Parent/Carer wishing to claim Free Early Education and Childcare for 2, 3&4 year olds
FROM APRIL 2024 (Confidential)



This Parental Declaration will be made available to The Education People and any person authorised by KCC for audit purposes.

You need to complete this Declaration Form with each provider your child attends for their Free Early Education and Childcare entitlement of 15 / 30 hours per week to ensure the provider can claim the funding from Kent County Council (KCC). The Early Years Registered Provider has responsibilities under the Data Protection Act 2018 (DPA 2018) and the UK General Data Protection Regulation (UK GDPR) and **must** provide you with a copy of their Privacy Notice before you read and sign this declaration, so that you understand how your information will be used.

Part One: Provider (A) Details	
Provider Name:	No of funded weeks per year:
Ofsted Number:	Management Information URN:

Part Two: Child Details	
Legal Forename:	Flat Name/No:
Middle Name(s):	House Name/No:
Legal Surname:	Street:
Date of Birth:	Town/City:
Known as:	Postcode:
Gender:	Ethnicity:
Type of document seen as proof of date of birth: birth certificate / passport (<i>please circle</i>)	Checked by: (<i>Staff name</i>)
Document Identification Number:	Date document seen:

Part Three: 2, 3&4 year old funding: Please indicate where your child will be attending, and which entitlement will be accessed at each provision. Please state the number of funded hours per week at each provider.				
Year:	Term: Autumn / Spring / Summer (please circle)			
Name of all the providers where you are accessing Free Early Education and Childcare	Free For Two Funding – 2 year olds (Up to 15 hours per week)	Working Parent Entitlement for 2 year olds (Up to 15 hours per week)	Universal Entitlement for 3&4 year olds (Up to 15 hours per week)	Working Parent Entitlement for 3&4 year olds (Up to 15 hours per week)
A:				
B:				
C:				

Information required for funded hours at Provider A (as detailed in section 1):				
Claim Start Date:	Number of weeks claiming:	Funded hours per week:	Stretched funding YES/NO	
Monday (hrs)	Tuesday (hrs)	Wednesday (hrs)	Thursday (hrs)	Friday (hrs)

Part Four: Free For Two Funding	
6-digit Eligibility code:	

Part Five: The Working Parent Entitlement for 2-4 year olds	
11-digit Eligibility code:	

Part Six: Parent Details (to be used by the provider to check eligibility with KCC for The Working Parent Entitlement and Early Years Pupil Premium)

This **must** be the details of the parent/carer who has parental responsibility for the child and who is receiving the benefit/credit or who created the childcare services account on the HMRC website.

Forename:	Date of birth:
Surname:	National Insurance Number:

Part Seven: Declaration of person with parental responsibility for the named child

1. I confirm that the details supplied are accurate and true.
2. I confirm I have read and understood the provider's Privacy Notice.
3. I confirm I have read and accept the provider's Free Early Education and Childcare offer and Fee Structure.
4. I understand it is my responsibility to ensure the provider(s) are aware of the hours I wish to claim and that these do not collectively exceed the weekly maximum of 15 hours (or 30 hours if applicable).
5. I understand that if my child attends more than the maximum 15 hours (or 30 hours if applicable) the provider(s) involved will charge for the hours my child attends in excess of his/her Free Early Education and Childcare.
6. I understand that if I stretch the Free Early Education and Childcare offer over more than 38 weeks per year, my weekly hours will reduce from 15 hours (or 30 hours if applicable) to ensure I do not exceed the annual entitlement.
7. I understand that once the annual Free Early Education and Childcare of 570 hours (or 1140 hours, if applicable) has been reached, any additional hours will be charged for by the provider. The annual entitlement starts in the term in which my child first became eligible for funding.
8. I understand that if I decide to change providers during the term and my child has already been funded for that term that I will have to pay the new provider for the hours my child attends for the remainder of the term.
9. I understand that the provider will need to see my child's birth certificate or passport and if applicable, change of name deed prior to claiming their Free Early Education and Childcare for the first time.
10. I understand that there may be a charge for consumables (please ask your childcare provider for more details).

I declare the above information to be correct at the time of completion and give my consent for my information to be submitted to KCC to process my claim for Free Early Education and Childcare and to check eligibility for The Working Parent Entitlement and Early Years Pupil Premium.

I understand that if for any reason I do not meet the eligibility criteria I will be responsible for paying the provider for any hours my child attends (excluding universal 3&4 year old funded hours)

Parent/Carer Name:	Parent/Carer Signature:	Date:
Name of staff member present on completion:		

If your child is in receipt of disability living allowance you may be eligible for Disability Access Funding (DAF), please advise your provider.

This form must be retained for audit purposes from the financial year the form was dated plus six years

Continuation of funded hours: Please indicate where your child will be attending, and which entitlement will be accessed at each provision. Please state the number of **funded hours** per day at each provider.

Year:	Term: Autumn / Spring / Summer (please circle)			
Name of all the providers where you are accessing Free Early Education and Childcare	Free For Two Funding – 2 year olds (Up to 15 hours per week)	Working Parent Entitlement for 2 year olds (Up to 15 hours per week)	Universal Entitlement for 3&4 year olds (Up to 15 hours per week)	Working Parent Entitlement for 3&4 year olds (Up to 15 hours per week)
A:				
B:				
C:				

Information required for funded hours at Provider A (as detailed in section 1):

Claim Start Date:	Number of weeks claiming:	Funded hours per week:	Stretched funding YES/NO	
Monday (hrs)	Tuesday (hrs)	Wednesday (hrs)	Thursday (hrs)	Friday (hrs)

Additional Information / changes to information given on page 1 and/or 2

Parent/Carer Name:	Parent/Carer Signature:	Date:

Name of staff member present on completion:	

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Year:		Term: Autumn / Spring / Summer (please circle)			
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