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| **Parent Declaration for Early Education Funding July 2025** | | | | | | | | | | | | | |
| This contract must be completed by the parent / carer with legal responsibility for the child detailed below to enable them to receive early education funded hours. This form should be submitted to the provider with evidence of the child’s date of birth and any other required information. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Section 1: YOUR CHILD’S DETAILS** - to be completed by parent / carer | | | | | | | | | | | | | |
| **Legal family name** | |  | | | | | | | | | | | |
| **Legal forename** | |  | | | | | | | | | | | |
| **Other names child may be known as** | |  | | | | | | | | | | | |
| **Date of birth** | | **D** | **D** | **M** | **M** | | | **Y** | | **Y** | | **Y** | **Y** |
| **Sex** | |  | | | | | | | | | | | |
| **Address** |  | | | | | **Postcode** | | |  | | | | |
|  | | | | | | | | | | | | | |
| **Special Educational Need provision** – select an option | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| No Special Educational Need Education, Health and Care plan SEN Support | | | | | | | | | | | | | |
| **Date of birth evidence -** select the evidence you will be providing | | | | | | | Birth certificate | | | | Passport | | |

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| **Section 2: YOUR CHILD’S EARLY EDUCATION FUNDING -** to be completed by parent | | | | | | |
| Complete this section with your early years provider. Select the funding you will be using. If your child is 2 years old and eligible for both entitlements, you should use the entitlement for Families Receiving Additional Support first. | | | | | | |
|  | Working Parent Entitlement, up  to 15 or 30 hours per week. |  | 2 year old for Families Receiving Additional Support, up to 15 hours per week. | |  | 3 & 4 year old Universal Entitlement, up to 15 hours per week. |
|  | | | | | | |
| **2YO Funding Reference Number** | | | |  | | |
| **Working Parent Entitlement Eligibility Code** | | | |  | | |

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| **Section 3: ELIGIBILTY CHECKS -** to be completed by provider | | | | | | | | | | | | |
| **Date** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **Staff name** | **Y** | | |
| **Date of birth evidence** – select the evidence you have seen | | | | | | | | | | Birth certificate | | Passport |
| **I confirm all eligibility checks have been completed** | | | | | | | | | | | | |
| **Staff signature** |  | | | | | | | | **Position** | |  | |

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| **Section 4: ADDITIONAL FUNDING -** to be completed by parent / carer | | | |
| **Early Years Pupil Premium (EYPP)** is additional funding for eligible children. It is used to improve teaching, learning and resources to impact positively on all children’s progress and development. Further information is available at [www.trafford.gov.uk/eypp](http://www.trafford.gov.uk/eypp) or you can also speak to your early years provider. | | | |
| **Your provider will apply for EYPP on your behalf using the information provided on this form, do you consent to this?** | | Yes | No |
|  | | | |
| **Disability Access Fund (DAF)** is additional funding for children who are in receipt of Disability Living Allowance (DLA) and are receiving early education funding. It is paid to your child’s early years provider for them to make reasonable adjustments and build the capacity of their setting to support children with disabilities. You must submit the most recent copy of your child’s DLA awards letter to your provider which they will keep on record. | | | |
| **Is your child eligible and in receipt of Disability Living Allowance?** | | Yes | No |
| If your child is splitting their funding across two providers, confirm which provider should receive the Disability Access Funding (DAF). | **Name of DAF provider** | | |

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| **Section 5: ATTENDANCE and EARLY EDUCATION FUNDED HOURS** - to be completed by parent / carer | | | | | | | |
| Confirm the total number of hours your child attends each day. This includes early education funded **and** private hours.  **Providers must ensure parents / carers are aware of the total number of early education hours per week a child will access and the pattern of delivery.** | | | | | | | |
| **INSERT THE NUMBER OF HOURS PER DAY YOUR CHILD ATTENDS** | | | | | | | |
| **Mon** | **Tues** | | **Weds** | **Thurs** | | **Fri** | **Total Hours per week** |
|  |  | |  |  | |  |  |
|  | | | | | | | |
| **My child attends this setting** | | **TERM TIME ONLY** | | | **ALL YEAR ROUND** | | |
|  | | | | | | | |
| **Early Education Hours:** Confirm how many early education hours your child will access per week. | | | | | | | |
| **My child will receive** | | | **Insert number here** | | | **early education hours per week** | |
|  | | | | | | | |
| **My child will receive early education funded hours** | | **TERM TIME ONLY** | | | **ALL YEAR ROUND** | | |
|  | | | | | | | |
| **Private (fee paying) hours:** Confirm how many private hours your child will access per week. | | | | | | | |
| **My child will receive** | | | **Insert number here** | | | **private hours per week** | |
|  | | | | | | | |
| **The total number of early education hours and private hours should equal the total hours attended per week. This figure should correspond to parent / carer invoices.** | | | | | | | |

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| **Section 6a: ADDITIONAL CHARGES -** to be completed by provider | | |
| Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place.  The costs of chargeable extras should be published on provider websites or, where they do not have any website, on local authority Family Information Services websites. These should be clear, up-to-date and easily accessible to parents, to enable parents to make an informed choice of provider. | | |
| **ONLY COMPLETE THIS SECTION IF YOU APPLY OPTIONAL ADDITIONAL CHARGES TO FUNDED HOURS** | | |
| **Additional charges are applied on an** | **HOURLY BASIS** | **DAILY BASIS** |
| **The total optional additional charge per DAY is \_\_£5\_\_\_\_\_\_**  **This must be broken down on your invoice into:**   * **food charges** * **non-food consumables charges** * **activities charges** | | |
| **The optional additional charge amount stated above must correspond to parent / carer invoices. This charge must be broken down into food; non-food consumables and activities charges and be easily identifiable as an additional charge attached to the early education funded hours.** | | |
|  | | |
| **Provide details itemised details of what of the charges made for food, non-food consumables and extra optional activities relate to.** | | |
| * **We charge for food and non-food consumables at Beanstalks Pre-School; non-food consumables includes items such as wipes and sun cream which we use regularly** * **You will receive a letter on enrolment of the items this will cover and why we charge for this.** * **Our charges are detailed on our website; we are transparent about our fees and charges.** * **Please discuss with the Manager or SMT if you have any further questions about this. We can be contacted using** [**Saskia.beanstalks@gmail.com**](mailto:Saskia.beanstalks@gmail.com) **or** [**sam.beanstalks@gmail.com**](mailto:sam.beanstalks@gmail.com) | | |

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| **Section 6b: ADDITIONAL CHARGES DECLARATIONS** – to be completed by parent/carer | | | | | | | | | | | | | |
|  | **I do want** to take up the chargeable extras attached to the early education hours as outlined in the providers published charges. | | | | | | | | |  | | **I do not want** to take up the chargeable extras attached to the early education hours as outlined in the providers published charges. | |
|  |
| **Date** | | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | | **Parent / Carer**  **name** | |  |
| **Parent / Carer signature** | |  | | | | | | | | | | | |

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| **Section 7a:** **OTHER PROVIDERS** - to be completed by parent / carer | | | | | | |
| **Only complete this section if your child is receiving their early education funding at more than one provider**. | | | | | | |
| You must agree and complete this contract with all providers. Children can attend a maximum of two sites in a single day. Provide the details below for all the early years providers that your child is attending, including those in a different local authority. | | | | | | |
| **Provider Name** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Total Hours per week** |
|  |  |  |  |  |  |  |
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| If your child is 3 or above and accessing the Working Parent Entitlement and Universal Entitlement please nominate a provider to claim the universal hours. | | | | | | **Name of universal provider** |

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| **Section 7b:** **MOVING FROM ANOTHER PROVIDER** - to be completed by provider if child moving from another setting | | | |
| Only complete this section if the child is moving to your provision from another setting **in their eligibility year.** | | | |
| Providers must confirm the total hours left available to claim for the child. | | | |
| **Total hours available** | **Checked By** | **Previous Claim Type** | |
| **INSERT NUMBER OF HOURS HERE** | **INSERT STAFF NAME HERE** | **Term Time Only** | **All Year Round** |
| **INSERT NUMBER OF HOURS HERE** | **INSERT NUMBER OF HOURS HERE** |

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| **Section 8: DATA PRIVACY** |
| The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools and other early education providers. The Act gives rights to those about whom data is held (known as data subject), such as pupils, their parents and teachers. This includes:  • The right to know the types of data being held  • Why it is being held; and  • To whom it may be disclosed  Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Trafford Council. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including Special Category Data available at:  <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>  For further information about how Trafford Council handle your personal details please visit [www.trafford.gov.uk/earlyeducationprivacynotice](http://www.trafford.gov.uk/earlyeducationprivacynotice) |

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| **Section 9: DECLARATIONS** to be completed by parent / carer | |
| Please tick to confirm you understand the conditions of the funding: | |
| **Charges** | **🗹** |
| I understand that my early education funded hours will be free at the point of delivery with no mandatory charges attached. |  |
| I understand that any charges for food, non-food consumables and extra activities attached to the early education funded hours are optional and the take up of these services is a private matter between myself and my early education provider as per our agreement. |  |
| I understand that any other additional hours or services not covered by the early education funding are my responsibility to pay at the rate agreed with my provider. |  |
| **Funded hours** | |
| I understand I can receive a maximum of 570 / 1140 hours in any 12 month period. |  |
| I understand from the term after my child turns 3 years old, I am entitled to Universal Hours (up to 15 hours per week) and Working Parent Entitlement (up to 15 hours per week) if I am eligible. |  |
| I must notify you, my early years provider, if I am accessing any funded early education hours at another provider within Trafford or another local authority. |  |
| **Eligibility Codes** | |
| If I am receiving the Working Parent Entitlement, then I must reconfirm my eligibility code by its end date to ensure my child remains eligible for funding. If my code isn’t reconfirmed, the funding stops after the grace period and it is my responsibility to pay for these hours. |  |
| If I am receiving the Working Parent Entitlement, then I must give the provider delivering those hours a valid code so that they can claim the hours on my behalf. |  |
| If I am eligible for the Working Parent Entitlement, my child cannot **start** to access a funded place or **change** providers if my code is in the grace period. |  |
| **Changing providers and notice periods** | |
| I understand my provider can claim funding for my child if they are attending or registered to attend on the termly headcount day. If I remove my child before this day any hours used will not be funded and I may be asked to pay for them. |  |
| If I wish to change early years providers, I must give my current early years provider the required notice period. |  |
| **Data Sharing** | |
| The information I have provided can be shared with the Department for Education, who will access the information from other government departments to confirm my child’s eligibility and enable this provider to claim Free Entitlement Funding; Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF) on behalf of my child. |  |
| The information I have provided will be entered into the national Eligibility Checking System to check my child’s continuing eligibility for Early Years Funding. |  |
| The information on this form will be stored securely in accordance with GDPR and will be entered onto a funding portal which is accessed by the local authority and you, my early years provider. |  |

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| **Section 10a: YOUR DETAILS (parents/carers) -** to be completed by parent / carer | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Carer 1** | | | | | | | | | | | | | | | | **Parent / Carer 2 (optional)** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Legal family name** | | |  | | | | | | | | | | | | | **Legal family name** | | | | |  | |
| **Legal forename** | | |  | | | | | | | | | | | | | **Legal forename** | | | | |  | |
| **Date of birth** | | |  | | | | | | | | | | | | | **Date of birth** | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Carer Signature** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |
|  | **I confirm that the information I have provided on this declaration is accurate and true.** | | | | | | | | | | | | | | | | | | | | | |
|  | **I understand and agree to the conditions set out in this contract.** | | | | | | | | | | | | | | | | | | | | | |
|  | **I understand that the data collected in this form will be shared with my provider and local authority.** | | | | | | | | | | | | | | | | | | | | | |
|  | **I authorise the named providers to claim early education funding for my child as outlined above.** | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | **D** | | | **D** | | **M** | | **M** | | **Y** | | **Y** | | **Y** | | | **Y** | | **Signature** |  |
| **Section 10b : PROVIDER SIGNATURE** – to be completed by the provider | | | | | | | | | | | | | | | | | | | | | |
| **I confirm the form has been checked and is fully completed** | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | **D** | | **D** | | **M** | | **M** | | **Y** | | **Y** | | **Y** | | | **Y** | | **Staff Name** | |  |
| **Staff signature** | |  | | | | | | | | | | | | | | | | | **Position** | |  |
|  | | | | | | | | | | | | | | | | | | |  | | |
| In collecting your data for the purposes of checking your eligibility for the Working Parent Entitlements, 2-year-old funding, 3 & 4-year-old universal, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Trafford Council is exercising the function of a government department. Trafford Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006. | | | | | | | | | | | | | | | | | | | | | | |
| **If you need to change any of the information provided on this form or wish to withdraw consent for the eligibility checks detailed above, please contact us and we will inform Trafford Council.** | | | | | | | | | | | | | | | | | | | | | | |