

# Confidential Parental Declaration Form for 2 Year old Funding

To be completed by Parent/Carer wishing to claim Free Early Education for 2 Years olds



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

This Parental Declaration **will** be made available to KCC for audit purposes.

## Part One: Provider Details

Provider Name:	URN:
Ofsted Number:	No. of weeks open per year:

## Part Two: Child Details

Legal Forename:	Flat Name/No:
Middle Name:	House Name/No:
Legal Surname:	Street:
Date of Birth:	Town/City:
Known as:	Postcode:
<b>Additional Information – for Early Years Census</b>	
Gender:	Ethnicity:
Language:	
<b>Details of Date of Birth Evidence</b>	
Document seen as proof of Date of Birth: (either passport or birth certificate)	Checked by: (Staff name)
Document Identification Number:	Date document seen:

## Part Three: 2 Year Old Eligibility Check: Please complete on which days the funding will be taken and the number of funded hours per day

Claim Start Date for Funded Hours:		Hours Per Week:		Stretched Funding	<b>YES/NO</b> (Delete as appropriate)				
<b>Monday</b>		<b>Tuesday</b>		<b>Wednesday</b>		<b>Thursday</b>		<b>Friday</b>	
Are any funded hours taken with another provider? (If YES, please fill in the details below)									<b>YES/NO</b> (Delete as appropriate)
Hours Per Week: (at 2nd Provider)		2nd Provider Name:							
<b>Parent Details:</b> this must be the details of the person with parental responsibility for the child who is receiving the benefit/credit.									
Forename:				Surname:					
Date of Birth:				National Insurance Number:					

**Declaration of person with legal responsibility for the named child:**

1. I confirm I have read and understood the provider’s Privacy Notice.
2. I confirm I have read and accept the provider’s Free Early Education offer and Fee Structure.
3. I confirm that the details I have provided are accurate and true and I give permission for the Early Years Provider named in this agreement to use my details to check and/or confirm my child’s eligibility for Free For 2 Funding
4. I understand it is my responsibility to ensure the providers are aware of the hours I wish to claim and that these do not collectively exceed the weekly maximum of 15 hours.
5. I understand that if my child claims more than the maximum 15 hours per week the provider(s) involved will charge for the hours my child attends in excess of his/her Free Early Education.
6. I confirm that the details I have supplied are accurate and true.
7. I understand that once the annual Free Early Education of 570 hours 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 choose to change providers during the term and my child has already been funded for the term that I may have to pay the new provider for the hours my child attends for the remainder of the term.
9. I understand that my provider will need to see my child’s birth certificate or passport, if applicable, change of name deed prior to claiming their Free Early Education for the first time.

**I declare the above information to be correct at the time of completion and if, for any reason, my claim does not meet the eligibility criteria I will be responsible for paying the setting for any hours my child attends.**

<b>Signed</b>		<b>Print Name</b>		<b>Date</b>	
---------------	--	-------------------	--	-------------	--

**Provider Information—This form should be retained for audit purposes from the financial year the form was dated plus 6 years**

Continuation of Funded Hours for 2 Year Olds: To be completed by PARENT/CARER

Year	Term (Delete as applicable)	No. of weeks	Hours per week	Mon	Tue	Wed	Thurs	Fri	Parent/Guardian's Signature (to be signed no more than 6 weeks prior to the end of the previous term)	Date
				Please complete on which days and hours the funding will be taken						
Change of hours	Spring Summer Autumn									
201__	Spring Summer Autumn									
Change of hours	Spring Summer Autumn									
201__	Spring Summer Autumn									
Change of hours	Spring Summer Autumn									
201__	Spring Summer									

Provider Information—This form should be retained for audit purposes from the financial year the form was dated plus 6 years