

Dear Parent/Carer

 Claim Period:

This form **MUST** be completed to enable your childcare provider(s) to claim funding for Early Education on your behalf from the Local Authority (LA). It also collects data to enable eligibility checks to be completed by the LA for 2 year old funding, Early Years Pupil Premium, the Disability Access Fund, and the Extended Entitlement (30 hours), if your family or child meets certain criteria.

Please read the Parent/carers Booklet BEFORE completing this claim form.

This form **must** be returned to your childcare provider completed and signed before they can confirm the offer of your child's early education entitlement.

SECTION ONE – CHILD DETAILS			
Child's Legal	Forename		Date of Birth (DOB)
	Middle name		Ethnicity
	Surname		Gender
Preferred Surname			
Home Address (including Postcode)			

Document provided to prove DOB:		Date Provided:
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SECTION TWO – TWO YEAR OLD ENTITLEMENT (15 HOURS – 570 hours maximum per year)					
PARENT/CARER DETAILS				NCC Reference Code <input style="width: 100px;" type="text"/>	
	Forename	Surname	Date of Birth	NI/NASS Number	
①					
②					
Criteria	<input type="checkbox"/> Qualifying Benefit	<input type="checkbox"/> Left Care through	{		
	<input type="checkbox"/> Looked After By LA	<input type="checkbox"/> Has an EHCP			<ul style="list-style-type: none"> an adoption a special guardianship order a child arrangement order
	<input type="checkbox"/> Receives DLA				

SECTION THREE – EXTENDED ENTITLEMENT (30 HOURS)				
A valid HMRC code and parent details must be provided to claim the 15 extended hours.				
PARENT DETAILS				
	Forename	Surname	NI Number	Eligibility Code
①				
②				

SECTION FOUR – EARLY YEARS PUPIL PREMIUM (EYPP)					
PARENT/CARER DETAILS					
	Forename	Surname	Date of Birth	NI/NASS Number	
①					
②					
Criteria	<input type="checkbox"/> Qualifying Benefit	<input type="checkbox"/> Left Care through	{		
	<input type="checkbox"/> Looked After By LA				<ul style="list-style-type: none"> an adoption a special guardianship order a child arrangement order

SECTION FIVE – DISABILITY ACCESS FUND (DAF)	
Attached is a copy of the award letter issued by the Department for Work and Pensions as evidence <input style="width: 20px;" type="checkbox"/>	
My Nominated Provider is -	<input style="width: 600px; height: 20px;" type="text"/>

SECTION SIX – PROVIDER AND ATTENDANCE DETAILS

This section **MUST** be completed with the details of **each** provider that your child attends where early education will be claimed on your behalf. For families that are eligible for the 30 hours extended entitlement and receive the entitlement from more than one provider, it is necessary to tick which provider is nominated to offer the universal entitlement.

If your child attends more than one childcare provider for their entitlement, the detail of each claim **must be shared** with each provider to avoid errors when the combined claims are verified by the Local Authority.

(A) please use a calendar to count the number of weekdays your child will attend the provider for their FUNDED HOURS of childcare eg. Number of Mondays = 11

①	Provider Name:	Claim Universal Entitlement <input type="checkbox"/>			
First day attending this claim period		Date: <input style="width:100%;" type="text"/>			
	Number of weekdays child attending for FUNDED hours (A)	Each Day	Total Funded Hours (A x C)		
		Total Hours Attending (my contract) (B + C)	Number of Hours I will pay for (unfunded) (B)	Funded Hours per week (C)	
Mon					
Tues					
Wed					
Thur					
Fri					
TOTAL FUNDED HOURS					
	Provider Name	Claim Universal Entitlement	Weekly Universal Hrs	Weekly Extended Hrs	Total Funded Hours for claim period
②		<input type="checkbox"/> YES / <input type="checkbox"/> NO			
③		<input type="checkbox"/> YES / <input type="checkbox"/> NO			

SECTION SEVEN – PARENT/CARER DECLARATION

I, the parent/carer understand and confirm –

- I have read the booklet information provided by the Local Authority (LA) and authorise my childcare provider named in ① to claim early education funding (EEF) as calculated above for my child.
- I agree that the information I have provided for EEF can be shared with the LA and the Department for Education (DfE), so that the LA can meet its statutory duty for EEF, and to enable confirmation that my child is eligible for funding. Also, the outcome of any checks and those required thereafter will be shared with my provider.
- I agree for the LA and DfE to access information from other government departments to confirm my child's eligibility and enable my named provider in ① to claim EYPP, DAF and the 30 hours extended entitlement for my child where applicable.
- I am responsible for ensuring that my child uses the funded hours which have been applied for on a regular daily/weekly basis.
- I agree that my child's claim for funding is for actual attendance and will be adjusted at a later date for non-attendance (excluding for absences described in the booklet / agreed by the LA).
- I agree where hours are not funded by the LA, that fees will apply in accordance with my childcare provider's charging policy and/or as stated in my childcare contract between myself and my childcare provider.
- I must notify my childcare provider of any changes to my family circumstances that will affect my child's eligibility to any EEF, and understand that failure to do this may result in childcare fees being charged.
- If I arrange for my child to leave the childcare provider without giving the required notice period, stated in my childcare contract, it may affect the EEF at a new provider, except where there are safety or quality concerns for which a formal complaint has been made to Ofsted and substantiated.
- If I have any concerns regarding my child's EEF, I will attempt to resolve this with my childcare provider in the first instance, however, if my concerns cannot be resolved, I can contact the LA.
- If I fail to provide complete and accurate information, this will affect my claim for EEF and charges may apply.
- The personal information that I provide will be held and used in compliance with the General Data Protection Regulation (GDPR), and I am in receipt of and in agreement with the Privacy Notice(s) relating to funding.

Signed _____

Print Name _____

Date _____