

This page is to record the details needed to identify the child receiving Free Early Education and Childcare, at which provision they will receive their free entitlement and for how many hours.

If the child is claiming 30 hours of Free Childcare, it must be made clear in this section how many universal and extended hours will be taken at each provision.

The child's name must be the full name given on the legal document used for identification. It must not be abbreviated. Providers must use the child's full name when making a claim on Synergy.

The number of funded weeks refers to the providers pattern of delivery for funded hours, not how a claim is made on Synergy or how many weeks the provision is open for.

Confidential Parental Declaration Form for 3 & 4 Year old Funding
To be completed by Parent/Carer wishing to claim Free Early Education for 3 & 4 Years olds

Kent County Council
kent.gov.uk

You need to complete this Declaration Form with each provider your child attends for their Free Early Education Entitlement of 15 or 30 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 The Education People and any person authorised by KCC for audit purposes.

Part One: Provider Details

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

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:

Additional Information – for Early Years Census

Gender:	Ethnicity:
Language:	

Details of Date of Birth Evidence

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: 3 & 4 Year Old Funding: Please indicate where your child will be attending and which entitlement will be accessed at each provision

Year:	Term:		Total Universal Hours per Week		Total Extended Hours per Week		Stretched Funding		YES/NO
Name of Provider A:									
Name of Provider B:									
Name of Provider C:									
Claim Start Date for Funded Hours:		Number of weeks claiming	Hours Per Week						
Monday	Tuesday	Wednesday	Thursday	Friday					

If you are claiming for:

- Universal Hours (up to 15 hours only) please complete Part Seven
- Universal and Extended, Extended only and/or Early Years Pupil Premium please complete Parts Four, Six and Seven
- Universal Hours (up to 15 hours only) and Early Years Pupil Premium please complete Parts Five, Six and Seven

Providers must see evidence of the child's birth date before claiming any funding. The identification number on the **original document** must be recorded along with the staff member who saw the document and the date. Providers are not required to keep copies if they have the document number recorded.

If the parent/carers chooses to take the universal and/or extended entitlement at more than one setting, they must state the names of all providers and indicate how the funding is to be split and how many hours each provider will claim – this must be funded hours only and not include wraparound hours.

The total number of funded hours **attended** per day must be recorded here. (It is **not** a tick box to indicate days attended.)

The total number of weeks claimed, and the total weekly hours must be what the child is **attending**, not the pattern claimed on Synergy.

This page is for the parent/carer to sign and give consent for the provider to use the details provided on the form to complete further checks for different funding streams. It is also where the declaration must be signed by the parent/carer to adhere to the terms and conditions of Free Early Education and Childcare funding

If a family falls out of eligibility for 30 hours of Free Childcare and no longer wish to split the funding as stated on page 1, the parent/carer can use this section to nominate the provider they wish to claim all the universal hours.

These boxes must be signed if the parent/carer wishes for the provider to complete a 30 hours eligibility check and/or complete an application for EYPP.

This section must be completed if the parent/carer wishes for the provider to complete a 30 hours eligibility check and/or complete an application for EYPP.

This is where the 11-digit eligibility code parents/carers receive from HMRC must be recorded to enable the provider to complete a 30 hours eligibility check before submitting a claim.

The code should begin with either 500 or 11.

Part Four: 30 Hours Free Childcare—Extended Entitlement Check

30 Hours Eligibility Code (DERN):

I give permission for the Early Years Provider named in this agreement to submit my details to KCC to complete an ECS Check to validate my code and confirm eligibility for 30 hours of Free Childcare.

Signed	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>
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I understand that if my circumstances change and I am no longer eligible for the extended entitlement, my child's universal 15 hours will be paid in line with information supplied in Part Three or in full to the nominated provider named below:

Name of Provider to claim universal hours if no longer eligible for 30 hours:

Part Five: Early Years Pupil Premium (EYPP)

I give permission for the Early Years Provider named in this agreement to complete an application for EYPP on my behalf.

Signed	<input type="text"/>	Print Name	<input type="text"/>	Date	<input type="text"/>
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Part Six: Parent Details

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

Forename:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	National Insurance Number:	<input type="text"/>

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

Declaration of person with legal responsibility for the named child:

- I confirm I have read and understood the provider's Privacy Notice.
- I confirm I have read and accept the provider's Free Early Education offer and Fee Structure.
- 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).
- I understand that if my child attends more than the maximum 15 hours per week (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.
- I confirm that the details I have supplied are accurate and true.
- I understand that once the annual Free Early Education 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.
- 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.
- I understand that my 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 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.

Parent Name	<input type="text"/>	Parent Signature	<input type="text"/>	Date	<input type="text"/>
Name of Staff Member Present on Completion	<input type="text"/>				

If your child is in receipt of Disability Living Allowance, please advise your Provider. Your child may be eligible for Disability Access Funding.

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

This is where **every parent/carer** must sign agreeing to the terms and conditions associated with claiming Free Early Education and Childcare for their child and the details provided on the form.

No claim for Free Early Education and Childcare or further checks can be carried out by the provider until this Parental Declaration has been signed by the parent/carer with legal responsibility for the child.

The name of the staff member completing the form with the parent/carer must be recorded when the parent/carer signs the form.

This page is a continuation of funding form and should be used to record the funding to be claimed each term the child attends the setting. The parent must sign every term to agree the funded hours and state if any details have changed since page 1 & 2 were completed, such as address, 30 hour code etc.

The section below is the same as Part 3 of the declaration – please refer to the support notes on page 1.

The year and term must be specified to make it clear what funded hours have been agreed for each term.

Continuation of Funded Hours for 3 & 4 Year Olds: Please indicate where your child will be attending and which entitlement will be accessed at each provision

Year:		Term:					
Name of Provider A:				Total Universal Hours per Week		Total Extended Hours per Week	
Name of Provider B:				Total Universal Hours per Week		Total Extended Hours per Week	
Name of Provider C:				Total Universal Hours per Week		Total Extended Hours per Week	
Claim Start Date for Funded Hours:		Number of weeks claiming		Hours Per Week		Stretched Funding	YES/NO
Monday		Tuesday		Wednesday		Thursday	
Friday							
Additional information / changes to information given on page 1 or 2:							
Parent Name		Parent Signature		Date			
Name of Staff Member Present on Completion							

This box should be used to record any changes to the details given on page 1 & 2 or any additional information that will impact the funding.

The parent/ carer and the staff member present must sign to agree the funding details every term.

Continuation of Funded Hours for 3 & 4 Year Olds: Please indicate where your child will be attending and which entitlement will be accessed at each provision

Year:		Term:					
Name of Provider A:				Total Universal Hours per Week		Total Extended Hours per Week	
Name of Provider B:				Total Universal Hours per Week		Total Extended Hours per Week	
Name of Provider C:				Total Universal Hours per Week		Total Extended Hours per Week	
Claim Start Date for Funded Hours:		Number of weeks claiming		Hours Per Week		Stretched Funding	YES/NO
Monday		Tuesday		Wednesday		Thursday	
Friday							
Additional information / changes to information given on page 1 or 2:							
Parent Name		Parent Signature		Date			
Name of Staff Member Present on Completion							

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

