

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.

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.



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 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: 2 Year Old Eligibility Check: Please complete on which days the funding will be taken and the number of funded hours per day						
Year:		Term:				
Claim Start Date for Funded Hours:		Number of Weeks Claiming	Hours Per Week	Stretched Funding	YES/NO	
Monday	Tuesday	Wednesday	Thursday	Friday		
Are any funded hours taken with another provider? (If YES, please fill in the details below)						YES/NO
Hours Per Week at Other Provider (s):	A) B)	Other Provider(s) Name:	A) B)			
Parent Details: 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:			

The number of funded weeks refers to the providers pattern of delivery for funded hours, not how they claim on Synergy or how many weeks they are open for.

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.

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

If the parent/carer chooses their child to take their entitlement at more than one setting, they must state the names of all providers and how many hours each provider will claim – this must be funded hours only and not include wraparound hours.

These must be the details of the person with parental responsibility for the child who is receiving the benefit/credit.

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

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 a 2 year old eligibility check. 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.

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

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 provider(s) 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 attends 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 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:		Parent Signature:		Date:	
Name of Staff Member Present Upon Completion:					

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.

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.

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

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.

Continuation of Funded Hours for 2 Year Olds: Please complete on which days the funding will be taken and the number of funded hours per day

Year:	Term:							
Claim Start Date for Funded Hours:		Number of Weeks Claiming		Hours Per Week		Stretched Funding	YES/ NO	
Monday	Tuesday	Wednesday	Thursday	Friday				
Are any funded hours taken with another provider? (If YES, please fill in the details below)							YES/NO	
Hours Per Week at Other Provider (s):	A) B)	Other Provider(s) Name:	A) B)					
Parent Details: 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:					
Additional information/changes to information given on page 1:								
Parent Name:			Parent Signature:			Date:		
Name of Staff Member Present Upon Completion:								

Continuation of Funded Hours for 2 Year Olds: Please complete on which days the funding will be taken and the number of funded hours per day

Year:	Term:							
Claim Start Date for Funded Hours:		Number of Weeks Claiming		Hours Per Week		Stretched Funding	YES/ NO	
Monday	Tuesday	Wednesday	Thursday	Friday				
Are any funded hours taken with another provider? (If YES, please fill in the details below)							YES/NO	
Hours Per Week at Other Provider (s):	A) B)	Other Provider(s) Name:	A) B)					
Parent Details: 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:					
Additional information/changes to information given on page 1:								
Parent Name:			Parent Signature:			Date:		
Name of Staff Member Present Upon Completion:								

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