

**FUNDED ENTITLEMENT FOR 2, 3 AND 4 YEAR OLDS  
 THE PARENT/CARER & PROVIDER CONTRACT**
**SECTION 1 – PROVIDER DETAILS**

<b>PROVIDER NAME:</b>		<b>EY/URN NUMBER:</b>	
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**SECTION 2 – CHILD DETAILS**

<b>LEGAL FORENAME(S):</b>							
<b>LEGAL SURNAME:</b>							
<b>NAME BY WHICH CHILD IS KNOWN (if different from above):</b>							
<b>DOB (DD/MM/YYYY):</b>	/	/	<b>GENDER (tick):</b>	<b>MALE</b>			<b>FEMALE</b>
<b>PROOF OF DOB TYPE:</b> (Please include the unique reference number from one of the following; birth certificate, passport, NHS red book)			<b>DOCUMENT RECORDED BY (name):</b>			<b>DATE DOCUMENT RECORDED:</b>	
<b>CURRENT ADDRESS:</b>							<b>POST CODE:</b>

Period Contract to cover

<b>From:</b>		<b>To:</b>	
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Please describe your child's ethnic origin by ticking the appropriate box on the table below: (this section is optional and is used in DfE data collection)

Description	Tick	Description	Tick
White - British		Any other Black background	
White - Irish		Indian	
White - traveller of Irish Heritage		Pakistani	
White - Gypsy/ Roma		Bangladeshi	
White - any other background		Any other Asian background	
Chinese		Mixed – White and Black Caribbean	
Any other Ethnic background		Mixed – White and Black African	
Black – Caribbean		Mixed – White and Asian	
Black - African		Any other Mixed background	

**SECTION 3 - ADDITIONAL DETAILS FOR CHILDREN CLAIMING THE TWO YEAR OLD FUNDED ENTITLEMENT**

Please note; by completing this section you are authorising your setting to use the information provided to check your eligibility to claim the Two Year Old Entitlement.

<b>TWO YEAR OLD ELIGIBILITY CODE:</b> (6 digits)		<b>CHILD'S ELIGIBLE START DATE:</b> (As shown on the parent/carer confirmation e-mail/letter)	
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**SECTION 4 - ADDITIONAL DETAILS FOR CHILDREN CLAIMING 30 HOURS FUNDED ENTITLEMENT**

Please note; by completing this section you are authorising your setting to use the information provided to check your eligibility to claim the Extended Entitlement. Providers will not be able to claim without this information.

<b>PARENT / CARER FIRST NAME</b>		<b>PARENT / CARER SURNAME</b>	
<b>PARENT/ CARER NATIONAL INSURANCE NUMBER:</b>		<b>30 HOURS ELIGIBILITY CODE (11 digits):</b>	

**SECTION 5 – PROVIDER AND ATTENDANCE DETAILS**

- To be completed with each setting your child attends for their Early Years Entitlement of 15 Universal (U) or 30 Extended (E) hours per week in order to ensure
- Funding is paid fairly between them. Please list all Providers your child is claiming funding at. Please note, not all providers offer above 15 hours per week.
- Your child can attend multiple providers but a maximum of two sites in a single day

PROVIDER NAME	TOTAL ENTITLEMENT HOURS ATTENDED PER DAY							NO. UNI HOURS PER WEEK	NO. EE HOURS PER W	NO. NON FUNDED HOURS PER WEEK	NO. WEEKS PER YEAR
	M	T	W	T	F	S	S				
A											
B											
C											
D											
E											
<b>TOTAL DAILY FUNDED HOURS ATTENDED</b>											

**SECTION 6 – ADDITIONAL FUNDING OPPORTUNITY – Early Years Pupil Premium**

Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for eligible children. The funding will be used to enhance the quality of early years’ experiences by improving teaching and learning, and facilities and resources, with the aim of impacting positively on your child’s progress and development.

Please provide the following information to enable the Local Authority to check whether any additional funding is available.

<b>PARENT/ CARER 1 FORENAME</b>		<b>PARENT/ CARER 1 NATIONAL INSURANCE NO./ NASS NO.</b>	
<b>PARENT/ CARER 1 SURNAME</b>		<b>PARENT/ CARER 1 SIGNATURE</b>	
<b>PARENT/ CARER 1 DOB</b>			

<b>PARENT/ CARER 2 FORENAME</b>		<b>PARENT/ CARER 2 NATIONAL INSURANCE NO./ NASS NO.</b>	
<b>PARENT/ CARER 2 SURNAME</b>		<b>PARENT/ CARER 2 SIGNATURE</b>	
<b>PARENT/ CARER 2 DOB</b>			

## **SECTION 7 – DISABILITY ACCESS FUND DECLARATION**

3 and 4 year old children who are in receipt of child Disability Living Allowance and are receiving the Early Years Entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child. This funding can only be paid to one Provider which you must nominate.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If your child is splitting their Early Years Entitlement across two or more providers, please nominate which Provider the Local Authority should pay the DAF to:		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Provider to complete if child is eligible for DAF

<b>EVIDENCE RECEIVED (please tick):</b>	<input type="checkbox"/>	
<b>DOCUMENT RECORDED BY (name):</b>		
<b>SIGNED:</b>		
<b>DATE:</b>		

## **SECTION 8 – TERMS AND CONDITIONS**

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the funded entitlement:

I understand that the early years entitlement hours must be delivered completely free of charge at the point of delivery and that I cannot be charged for this in advance (this does not apply to a retainer to secure a place). I will be responsible for payment of any hours exceeding 15 if my child is not eligible for the extra entitlement, or exceeding 30 hours if my child is eligible, taken either here or elsewhere. I have seen a copy of the providers pricing policy.	<input type="checkbox"/>
I have received information from the provider/s above and been advised of additional services available for my child and I understand I will be charged for these services should I wish to use them. I fully understand that my provider/s cannot insist I take and pay for additional goods and services as a condition of accessing an early years entitlement place.	<input type="checkbox"/>
As my child only attends for an early years entitlement place, I understand that there is not a required notice period and that should my child leave the following will happen: <ul style="list-style-type: none"> <li>• my provider will be paid to the end of the funded week of my child's last day of attendance</li> <li>• my child can access the early years entitlement with another provider at the start of the next funded week.</li> </ul> I will inform the provider of my child's last day of attendance in advance, if possible. If I am paying for additional childcare hours, I understand my provider may have a notice period that I will adhere to.	<input type="checkbox"/>
If multiple providers claim for more than the maximum number of hours my child is eligible for and I have given any misleading information on this declaration, I may be asked to reimburse one of the providers, or my child's place may be forfeited. I understand that checks on my claim will be made.	<input type="checkbox"/>
I confirm that the information on this contract is accurate and I understand that anyone who knowingly makes a false declaration in an attempt to obtain a funded entitlement place fraudulently may be committing an offence. The authority has a duty to protect the public funds it administers, and to this end will use the information I have provided on this form for the prevention and detection of fraud. It will also share this information with other bodies responsible for auditing or administering public funds for these purposes.	<input type="checkbox"/>
I am aware that the information I have provided will be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium, Disability Access Fund and undertake validity checks for the Extended 15 hours on behalf of my child.	<input type="checkbox"/>
The personal data I supply will be kept securely by Derbyshire County Council (DCC) and this Provider in accordance with the General Data Protection Regulations, DPA 2018 and any subsequent legislation. This information may be shared with other Local Authorities or Childcare Providers in accordance with the Privacy Notice issued to you by this Early Years setting prior to you completing this form. I have a right to have inaccurate/incomplete information corrected. To ensure eligibility and for audit purposes, DCC requires Providers to confirm they have seen evidence of DOB by recording the evidence and the unique and the reference (if applicable) from one from the following, birth certificate, passport or NHS Red Book for all funded children.	<input type="checkbox"/>

<b>SIGNED:</b>		<b>NAME (printed):</b>		<b>DATE:</b>	
<b>Relationship to Child</b>					

**Contract Amendment Sheet**

Please use this page to make amendments to the contract as and when they occur. Both the parent and a representative of the Provider should sign the change. This replaces the need for the parent to sign the form each term.

Details of change:

*Example: Increase in hours in the summer term 2018 from 10 hours to 15 hours per week universal funding.*

Date change to take effect: 09/04/2018 Signed Parent.....

Signed Provider.....

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Details of change:

Date change to take effect:..... Signed Parent.....

Signed Provider.....

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Details of change:

Date change to take effect:..... Signed Parent.....

Signed Provider.....