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 Data Protection Act 2018 (DPA 2018) and the UK General Data Protection Regulation (UK 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:	FF2 Voucher Code:
Details of Date of Birth Evidence	
Document seen as proof of Date of Birth: (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:					

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

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 *(To be signed no more than 6 weeks prior to the end of the previous term)*

Child Name:							
Year:		**Term:**					
Claim Start Date for Funded Hours:		Number of Weeks Claiming		Hours Per Week		Stretched Funding	
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 *(To be signed no more than 6 weeks prior to the end of the previous term)*

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