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 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 Declara	tion will be	made ava	ilable to T	he Educa	ation Pe	eople and any p	erson a	uthorised	by K	CC for audit	purposes.		
Part One: Provider D	etails •				1								
Provider Name:					URN:								
Ofsted Number:						No. of funded weeks per year:							
Part Two: Child Deta	ils												
Legal Forename:	Flat Name/No:												
Middle Name(s):						se Name/N	o:						
Legal Surname:						et:							
Date of Birth:					Town	n/City:							
Known as:					Post	code:							
Additional Informa	tion – fo	r Early	Years (Censu	s								
Gender:					Ethn	icity:							
Language:													
Details of Date of I	Birth Evic	dence											
Document seen as			Birth:			cked by:							
(either passport or b					`	f name)							
Document Identifica	tion Num	ber:			Date document seen:								
Part Three: 2 Year of and the number of f				ase co	mplet	te on which	days t	the fun	ding	will be ta	ken		
Year:		Term:											
Claim Start Date for			mber of		Hours Per			Stre		etched	YES/		
Funded Hours:			Veeks aiming		Week				Fur	unding NO			
Monday T	uesday		Wedr	esday		Thu	sday			Friday			
Are any funded hours	taken wit	h anothe	er provid	er? (If `	YES, p	olease fill in	he deta	ails belo	ow)	YE	S/NO		
Hours Per Week	A)	Oth	er Provid	der(s)	4)								
at Other Provider(s): Name·					3)								
Parent Details: this menefit/credit.	nust be the	e details	of the pe	erson w	vith pa	rental respo	nsibility	for the	child	l who is re	ceiving the		
Forename:					Surnar	me:							
Data of Birth:					Nettenallanguage								
Date of Birth:					Nation	al Insurance er:							

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 Sig	nature:	Date:	
Name of Staff	Member Present Upon Cor	mpletion:			

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

and the number														will be taken s term)
Child Name:														
Year:			Ter	m:										
Claim Start Date Funded Hours:	for			We	ber of eks ming				rs Per eek				etched nding	YES/ NO
Monday	Т	uesday			Wedn	esday	,		Thurs	day		ı	Friday	
Are any funded	hours	taken wit	h and	other	provid	er? (If	YES, p	lease	fill in th	e deta	ails bel	ow)	`	/ES/NO
Hours Per Week at Other Provider	r(s)·	A) B)		Othe Nam		ider(s)	A) B)							
Parent Details: to benefit/credit.	this m	ust be the	e deta	ails of	f the pe	erson v	vith pai	rental	respons	sibility	for the	e child	d who is	receiving the
Forename:							Surna	ame:						
Date of Birth:							Natio: Numb		surance					
Additional inform	nation	/changes	to inf	forma	ation gi	ven on	page	1:						
Parent Name:					Pare	nt Sigr	nature						Date:	
Name of Staff M	lemb	er Presen	t Up	on C	omple	tion:						I		
Continuation of and the numbe														
and the number				per o										
and the numbe	r of f		ours	m: Num		be sign		Hou				Stre		
Child Name: Year: Claim Start Date	r of f		ours	m: Num	nber of eeks iming	be sign	ned no m	Hou	n 6 week	s prior		Stre	he previou	YES/ NO
Child Name: Year: Claim Start Date Funded Hours:	of for	unded ho	Ter	m: Num We Cla	nber of eeks iming Wedn	be sign	ned no m	Hour	rs Per eek Thurs	day	to the e	Stre Fu	etched nding	YES/ NO
Child Name: Year: Claim Start Date Funded Hours: Monday	of for Thours	unded ho	Ter h and	m: Num Vi Cla	nber of eeks iming Wedn provid	be sign	YES, p	Hour	rs Per eek Thurs	day	to the e	Stre Fu	etched nding	YES/ NO
Child Name: Year: Claim Start Date Funded Hours: Monday Are any funded I Hours Per Week at Other Provider Parent Details: 1	for Thours	uesday taken with	Ter h and	rm: Num We Cla other Other	nber of eeks iming Wedn provid er Provi	esday er? (If	YES, p	Hour W	rs Per eek Thurs	day e deta	ails bel	Stre Fu	etched nding	YES/ NO YES/NO
Child Name: Year: Claim Start Date Funded Hours: Monday Are any funded I Hours Per Week at Other Provider	for Thours	uesday taken with	Ter h and	rm: Num We Cla other Other	nber of eeks iming Wedn provid er Provi	esday er? (If	YES, p	Hour W	rs Per eek Thurs	day e deta	ails bel	Stre Fu	etched nding	YES/ NO YES/NO
Child Name: Year: Claim Start Date Funded Hours: Monday Are any funded Hours Per Week at Other Provider Parent Details: the benefit/credit.	for Thours	uesday taken with	Ter h and	rm: Num We Cla other Other	nber of eeks iming Wedn provid er Provi	esday er? (If	YES, p A) B) with par	Hour W lease	rs Per eek Thurs	day e deta	ails bel	Stre Fu	etched nding	YES/ NO YES/NO
Child Name: Year: Claim Start Date Funded Hours: Monday Are any funded I Hours Per Week at Other Provider Parent Details: t benefit/credit. Forename:	r of for thours	uesday taken with	Ter h and	Num Wood Cla	nber of eeks iming Wedn provider Provider from the period of the period	erson v	YES, p A) B) with par Nation Numb	Hour W lease	rs Per eek Thurs fill in the	day e deta	ails bel	Stre Fu	etched nding	YES/ NO YES/NO
Child Name: Year: Claim Start Date Funded Hours: Monday Are any funded Hours Per Week at Other Provider Parent Details: to benefit/credit. Forename: Date of Birth:	r of for thours	uesday taken with	Ter h and	Num Wood Cla	mber of eeks iming Wedn provider Provider e:	erson v	YES, p A) B) with par Nation Numb	Hour W lease	rs Per eek Thurs fill in the	day e deta	ails bel	Stre Fui	etched nding	YES/ NO YES/NO

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