**Parental Declaration for Early Years Education Entitlement**

**Setting Name:**

|  |
| --- |
| **Please complete this form and provide the required evidence of date of birth for your child. Please note if your child’s attendance details change between terms you will need to record them on a new form.** |

**Child Details**

|  |  |
| --- | --- |
| **Child’s Legal Forename(s) and Surname:** |  |
| **Name by which the child is known (if different from****above):** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Address:** |  |
|  | **Postcode:** |  |

**Child Ethnic Origins**

Please tick the child’s ethnic origins, rather than their nationality. For example, they could be a British citizen and their ethnic (family) origins could be any of the list. If you wish to give your own description, please use the space provided.

|  |  |  |
| --- | --- | --- |
| **White** | **Mixed** | **Chinese** |
| British Irish Traveller of Irish Heritage Gypsy/Roma Any Other White background  |  | White and Black CaribbeanWhite and Black AfricanWhite and AsianAny other mixed background |  | ChineseI do not wish to complete the Ethnic Origin section |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
| **Asian or Asian British** | **Black or Black British** | **Own Description:** |
| IndianPakistaniBangladeshiAny other Asian background |  | Caribbean African Any other Black background  |  | ………………………................... |  |
|  |  |  |
|  |  |  |
|  |  |

**Parent/Carer Information:**

|  |  |  |
| --- | --- | --- |
|  |  | **Must be supplied if claiming:** |
| **Parent/Carer First Name** |  | 2-Year Old funding, EYPP |
| **Parent/Carer Surname** |  | 2-Year Old funding, EYPP, Working Families |
| **Parent/Carer Date of Birth** |  | 2-Year Old funding, EYPP |
| **Parent/Carer National Insurance Number** **or NASS Number** |  | Working families funding for all age groups, 2-Year-Old funding, EYPP |

**2-Year-Old Funding (for families receiving additional government support eg. Universal Credit)**

|  |  |
| --- | --- |
| **2-Year-Old Voucher Code** *(East Sussex voucher codes are 6 characters)* |  |

**Working families’ code**

|  |  |
| --- | --- |
| **Eligibility Code***(voucher codes from HMRC are 11 digits)* |  |

\*\**It is the responsibility of the parent to re-confirm their code when prompted by HMRC (approximately every 3-months)*

**Early Years Pupil Premium (EYPP)**

Additional funding may be available through EYPP, paid to early years providers for the provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources to impact positively on your child’s progress and development.

If you think your child may qualify for EYPP, please provide the parent/carer information for the **main benefit holder** to enable East Sussex County Council to confirm eligibility.

**Disability Access Fund (DAF)**

If your child is in receipt of Disability Living Allowance your provider can claim DAF. The purpose of DAF is to support providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities.

If you wish to apply for DAF, only one early years provider per year may claim the funding and it is non-transferrable once paid, until the following year. You will need to provide a copy of the Disability Living Allowance award letter issued by the Department for Work and Pensions to your early years provider.

|  |  |
| --- | --- |
| **I consent to the provider named on this form claiming DAF on behalf of my child** | Yes   No   |
| **I have provided a copy of the Disability Living Allowance award letter** | Yes   No   |

**Setting & Attendance Details:**

**EYEE hours are free. There should be no mandatory charges. Any additional charges must be voluntary**

* **9months+**, maximum hours that can be claimed is 30, use the Expanded hours box only
* **2-Year-Old** – families receiving additional government support, maximum hours that can be claimed is 15. Use the Universal hours box only.
* **2-Year Old** – working families maximum hours that can be claimed is 30. Use the Expanded hours box only
* **2-Year Old** – if both codes available maximum hours that can be claimed is 30, use Universal and Expanded hours box
* **3&4-Year old** – no code – maximum hours that can be claimed is 15, use Universal hours only
* **3&4-Year old** – working families maximum hours that can be claimed is 30, Use both boxes

|  |  |  |  |
| --- | --- | --- | --- |
| **Term** | **No. of Funded Hours per week** | **Parent Signature (or typed name if returned by e-mail** | **Date Signed** |
|  | **Universal** | **Expanded** |  |  |
| **Autumn 2025** |  |  |  |  |
| **Spring 2026** |  |  |  |  |
| **Summer 2026** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Name of provider** | **Number of hours claiming per week** |
| **My child is also attending another provider** |  |  |

**Stretched Funding:**

The free hours are offered during term time only, a total of 38 weeks per year. Some providers will offer to “stretch” the funding allowing you to take fewer hours per week over more weeks of the year. For example, your provider may be open for 48 weeks per year. If you are eligible for 30-hours, the provider will deduct 23.75 hours from your weekly invoice for the full 48 weeks.

|  |  |
| --- | --- |
| I am stretching my funding | Yes   No    |
| I confirm that the hours that I am claiming will be all year round and agree to only signing the parental agreement once a year.  I will notify my provider if there are any changes to my circumstances. |

**Parent Declaration:**

|  |  |
| --- | --- |
| I confirm that the information I have provided is accurate and true, and I have read and understood the information given to me by my provider in the “Information for Parents & Carers” issued by East Sussex County Council (ESCC) | I agree    |
| I confirm that the funded hours are correct and will be claimed by the provider on this form | I agree   |
| I agree that I have signed up for the free hours with my provider and I know that I cannot make changes to these hours during a funding period, without the agreement of my provider (as per their terms and conditions) | I agree   |
| I understand that funding will not be transferred to another provider within East Sussex unless I have given my provider the required notice as set out in their terms and conditions. | I agree   |
| I understand and consent to the personal information I have provided on this form to be shared with ESCC and Department for Education for the purpose of confirming my child’s eligibility and to enable the provider to claim the funding on behalf of my child | I agree   |
| [Privacy notice - Children’s Services: your information and you | East Sussex County Council](https://www.eastsussex.gov.uk/privacy/childrens-services) |
| *Should you have any concerns relating to how your information or the information relating to you child/ren is being or will be used, please contact your provider or the Early Years Funding team at East Sussex County Council*.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (Parent/Carer):** |  | **Date:** |  |
| **Print Name** |  |  |  |
| **Signed: (Provider):** |  | **Date:** |  |
| **Print Name** |  |  |  |

***For provider use only:***

|  |  |
| --- | --- |
| **Evidence of Date of birth** | Birth Certificate   Passport   |
| **Birth Certificate/Passport reference number** |  |
| **Date document recorded:** |  |
| **Document recorded by:***(name of staff member)* |  |

Please note that information about whether a child is in receipt of DLA is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data at: <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>