Parental Agreement for Early Years Funding Claim 2025-2026

Setting Name: Comberbach Nursery & Primary School Ofsted URN: 147809

1: CHILD'S DE	AILS	(AS S	tateu	OII BII LI	i Certiii	icate)						
First Name							Middle	Name/	s			
Surname												
Name by which t	he chi	ld is k	nown (if differe	ent to ab	ove)						
Date of Birth							Gende	r		Male \square	Female [
Ethnic Group				S	EN Prov	ision	None [_ Earl	y Year	s Support	☐ EHC	Plan 🗌
Address												
Address							Postco	ode				
2: DOB EVIDENCE (does the child meet the cut off for the claim period, see guidance note))				
DOB Evidence							Date S	een				
Staff Name							Staff S	ignatur	е			
3: ADDITIONAL EARLY YEAR												
Eligibility Code								: / Carer SS Num				
Parent / Carer Do	ОВ						Parent Surna	/ carer me				
Additional funding may be available through the Early Years Pupil Premium (EYPP) for families in receipt of certain benefits. This funding is paid to early years providers for the provision of extra support for your child to improve teaching and learning facilities and resources to impact positively on your child's progress and development. For more information, please speak to your childcare provider. EYPP is also available to children who have left care through adoption, special guardianship or a child arrangement												
Do you wish to a						nirewesta	andches	ter.gov.	<u>uk</u>		Yes / No	
Children who are	in rece	ipt of [Disabilit	y Living	Allowand						nents are el	igible for the
Disability Access				<u> </u>					as a fix	ed annua	<u> </u>	_
Is your child elig	ible in	recei	ot of Di	sability	Living A	Allowand	ce (DLA	.)			Yes / No)
If your child is spli setting you nomin				nt across	two or n	nore pro	viders, i	s this th	е	Yes / No / N/A		
DLA evidence pro	vided	to setti	ng							Yes / No		
4: SETTING AN	D AT	TEND	ANCE	DETAIL	LS							
You need to agree and complete this Declaration Form with each setting your child attends for their Entitlement to ensure that funding is paid correctly. Your child can use their funded hours across a maximum of two settings on the same site in a single day and a maximum of 10 hours per day. Please use U for 3- and 4-year-old Universal Entitlement, E for Working Families Entitlements and D for 2-year-olds in receipt of additional government support. Please visit www.childcarechoices.gov.uk to find out about savings on any non-funded childcare hours.												
Term							Т	erm 2	20			
Setting Name:		•		Please enter the numb attended per day			er of hours			/, U&E,	Total hours	No. of weeks per
				Mon	Tues	Wed	Thu	Fri		, D only,	per week	year (e.g. 38 or 51)
Total number of ho	urs at s	etting p	er day									
Number of funded	nours p	er day										
Funding Start Da	rt Date: Funding End date:											

My child is also attending the following setting(s) for Entitlement hours:							
Total Daily Entitlement Hours							

5. Additional services and charges

6. DADENT / GUADDIAN DECLADATION

Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place.

Should you wish to access these extra services on your **funded days** the cost of these is shown below and are available from your childcare provider along with their policy on alternatives options.

By signing this document, you agree to pay these charges for the applicable term on the days in which funding is accessed. These can be reviewed for future terms.

Tarraming to acceptant Trices	Court De l'eviewed for latare t	0111101	
Additional charges not covered by Government Funding	Unit (per item/hour/session/day)	Cost (per item/hour/session/day)	I agree to pay the following charges for the term
Meals/Snacks as listed below:	N/A	N/A	N/A
Consumables as listed below:	N/A	N/A	N/A
Additional services as listed below:	N/A	N/A	N/A

U. I AKENI / GOAKDIAN DECEARATION
I (Insert name)
I understand and agree to the conditions set out in this document and I authorise (please insert name of provider)
to claim Entitlement funding as agreed above on behalf of my child.

I agree that the information I have provided can be shared with the Council 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 (EYPP) or Disability Access Fund (DAF) on behalf of my child.

My provider has given me information about the Entitlement funding and their funded offer including any optional additional charges for meals, consumables and additional services. I understand that the Entitlement is <u>free</u> at the point of delivery and that I cannot be charged for this in advance.

I agree to the pattern of funded hours detailed on this form and that my child will attend regularly throughout the term and will not be absent without good reason. I will notify my provider if my child is absent. If I want to alter my child's hours or pattern of attendance, I will check with my provider who will inform the Council where it affects the Entitlement funding.

I understand the Entitlement is capped at 570 hours (up to 15 hours per week) or 1140 hours (up to 30 hours per week) each year and if I choose a 'stretched offer' this may affect the remaining hours available to me if I move provider during the year.

I cannot change the provider(s) detailed within the term without permission from my provider(s) and the Council. Permission will only be given in certain circumstances. If I change provider without permission the Entitlement funding will not necessarily follow my child, and I agree to pay the fees at the new setting until the start of the next term.

Where an eligibility code is required to access the Entitlement funding, I understand it is my responsibility to ensure the code is valid prior to the first day of the month of the which the term starts. Where a grace period applies, I understand that I cannot move providers without permission from the Council and that permission will only be given in certain circumstances.

The Council is under a duty to protect the public funds it administers and will use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes. I understand that if I make a false or incorrect declaration on this form that leads to an overpayment or to a duplicate claim, I will be liable to return any overpayment of funded provision and any resulting administration or legal costs.

In collecting your data for the purposes of checking your eligibility for the free Entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) the Council is exercising the function of a government department and is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.

Data Privacy

The Data Protection Act 2018 puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Act gives rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:

- the right to know the types of data being held
- · why it is being held, and
- to whom it may be communicated

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or the Council. Please note that information about whether a child is in receipt of Disability Living Allowance 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 available at: https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/

Parent	/ Carer with legal responsibility	Childcare Provider				
Signed		Signed				
Print Name		Print Name				
Date		Date				

Please complete tables overleaf prior to the start of future terms.

Please complete the following tables prior to the start of next term.

Term	Term 20								
Setting Name:		Please enter the number of hours attended per day					Entitlement type:	Total hours	No. of weeks per
		Mon	Tues	Wed	Thu	Fri	U, U&E, E only, D only, D&E	per week	year (e.g. 38 or 47)
Total number of hours at setting per day									
Number of funded hours per day									
Funding Start Date:		Funding End date:							
My child is also attending the	following	settings	for Enti	tlement	hours:				
Total Daily Entitlement Hours									

Additional services and charges

Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place.

Should you wish to access these extra services on your **funded days** the cost of these is shown below and are available from your childcare provider along with their policy on alternatives options.

By signing this document, you agree to pay these charges for the applicable term on the days in which funding is accessed. These can be reviewed for future terms.

Additional charges not covered by Government Funding	Unit (per item/hour/session/day)	Cost (per item/hour/session/day)	I agree to pay the following charges for the term
Meals/Snacks as listed below:	N/A	N/A	N/A
Consumables as listed below:	N/A	N/A	N/A
Additional services as listed below:	N/A	N/A	N/A

DECLARATION

I confirm that I have re-read the Parent / Guardian Declaration and the privacy Notice in Section 5 above and confirm that I wish the setting named above to continue to claim Entitlement funding on behalf of my child as detailed above.

Parent	/ Carer with legal responsibility	Childcare Provider				
Signed		Signed				
Print Name		Print Name				
Date		Date				

Please complete the following table prior to the start of the next term.

Term						Tern	n 20			
Setting Name:			enter the		er of hou	urs	Entitlement type:		No. of	
		Mon	Tues	Wed	Thu	Fri	U, U&E, E only, D only D&E	Total hours per week	weeks per year (e.g. 38 or 47)	
Total number of hours at setting	g per day									
Number of funded hours per of	ay			_						
Funding Start Date:				F	unding l	End date	e:			
My child is also attending th	e following s	settings	for Enti	itlement	hours:			_		
Total Daily Entitlement Ho	urs									
Additional services and cl	narges									
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Additional charges not covered by Government Funding		Unit (per item/hour/session/day)				Cost nour/ses	sion/day)	I agree to pay the following charges for the term		
Meals/Snacks as listed below:	N/A			N	/A			N/A		
Consumables as listed below:	N/A			N	/A			N/A		
Additional services as listed below:	N/A			N	/A			N/A		
DECLARATION										
I confirm that I have re-read the Parent / Guardian Declaration and the privacy Notice in Section 5 above and confirm that I wish the setting named above to continue to claim Entitlement funding on behalf of my child as detailed above.										
Parent / Carer with legal re	sponsibilit	ty		С	hildcare	Provid	er			
Signed				Si	Signed					
Print Name				P	rint Nam	ne				
Date				D	ate					