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| **1: CHILD’S DETAILS (As stated on Birth Certificate)** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | |  | | | | | | | | | | | | | | **Middle Name/s** | | | |  | | | | |
| **Surname** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name by which the child is known (if different to above)** | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Date of Birth** | | |  | | | | | | | | | | | | | | **Gender** | | | | Male  Female | | | | |
| **Ethnic Group** | | |  | |  | | |  |  | | **SEN Provision** | | | | | | None  Early Years Support  EHC Plan | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Postcode** | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2: DOB EVIDENCE (does the child meet the cut off for the claim period, see guidance note)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DOB Evidence** | | | |  | | | | | | | | | | | | | **Date Seen** | | | | |  | | | |
| **Staff Name** | | | |  | | | | | | | | | | | | | **Staff Signature** | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **3: ADDITIONAL DETAILS FOR WORKING FAMILIES ENTITLEMENT CHILDCARE,**  **EARLY YEARS PUPIL PREMIUM (EYPP) & DISABILITY ACCESS FUNDING (DAF)** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Eligibility Code** | | | |  | | | | | | | | | | | | | **Parent / Carer NI or NASS Number** | | | | |  | | | |
| **Parent / Carer DOB** | | | |  | | | | | | | | | | | | | **Parent/ carer Surname** | | | | |  | | | |
| 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 order, please contact [earlyyearspaymentsteam@cheshirewestandchester.gov.uk](mailto:earlyyearspaymentsteam@cheshirewestandchester.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you wish to apply for EYPP for your child?** | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Children who are in receipt of Disability Living Allowance and are receiving Early Years Entitlements are eligible for the **Disability Access Fund (DAF)**. DAF is paid to the child’s early years setting as a fixed annual rate per eligible child. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your child eligible in receipt of Disability Living Allowance (DLA)** | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If your child is splitting their Entitlement across two or more providers, is this the setting you nominate to receive DAF | | | | | | | | | | | | | | | | | | | | | | Yes / No / N/A | | | |
| DLA evidence provided to setting | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
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| **4: SETTING AND ATTENDANCE DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Term** | | | | | | **\_\_\_\_\_\_\_Autumn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Term 2025\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
| **Setting Name:** | | | | | | | | | | Please enter the number of hours attended per day | | | | | | | | | | Entitlement type:  U only, U&E,  E only, D only, D&E | | | | Total hours per week | No. of weeks per year (e.g. 38 or 51) |
|  | | | | | | | | | | Mon | | Tues | Wed | | | Thu | | Fri | |
| **Total** number of hours at setting per day | | | | | | | | | |  | |  |  | | |  | |  | |  | | | |  |  |
| Number of **funded** hours per day | | | | | | | | | |  | |  |  | | |  | |  | |  | | | |  |  |
| **Funding Start Date:** | | | |  | | | | | | | | | | | | | **Funding End date:** | | | | |  | | | |
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| My child is also attending the following setting(s) for Entitlement hours: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Total Daily Entitlement Hours** | | | | | | | | | |  | |  |  | | |  | |  | |  | | | |  |  |
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| **5. 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:  **Early Years Snack**  **School Meal** | | | | | | | **per AM session**  **per meal** | | | | | | | | **£0.40**  **£2.80** | | | | | | | | Yes/no | | |
| Consumables as listed below: | | | | | | | **n/a** | | | | | | | |  | | | | | | | | Yes/no | | |
| Additional services as listed below:  **Extra sessions in addition to funded sessions** | | | | | | | |  | | --- | | **Per session AM or PM**  **Per full day** | | | | | | | | | **£16.00**  **£32.00** | | | | | | | | Yes/no | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6: PARENT / GUARDIAN DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| I (Insert name) ………………………………………………………………………………………………………………  of the address given above in Section 1 confirm that the information I have provided above is accurate and true.  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 **free** 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 to15 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.** | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Please complete the following tables prior to the start of next term.** | | | | | | | | | | | | | | | | | |
| **Term** | | | **\_\_\_\_\_\_\_\_\_Spring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Term 2026\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Setting Name:** | | | | | Please enter the number of hours attended per day | | | | | | | | Entitlement type:  U, U&E, E only, D only, D&E | | | Total hours per week | No. of weeks per year (e.g. 38 or 47) |
|  | | | | | Mon | Tues | Wed | | | Thu | Fri | |
| **Total** number of hours at setting per day | | | | |  |  |  | | |  |  | |  | | |  |  |
| Number of **funded** hours per day | | | | |  |  |  | | |  |  | |  | | |  |  |
| **Funding Start Date:** | | |  | | | | | **Funding End date:** | | | | | |  | | | |
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| My child is also attending the following settings for Entitlement hours: | | | | | | | | | | | | | | | | | |
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| **Total Daily Entitlement Hours** | | | | |  |  |  | | |  |  | |  | | |  |  |
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| **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:  **Early Years Snack**  **School Meal** | | | | **per AM session**  **per meal** | | | | | **£0.40**  **£2.80** | | | | | | Yes/no | | |
| Consumables as listed below: | | | | **n/a** | | | | |  | | | | | | Yes/no | | |
| Additional services as listed below:  **Extra sessions in addition to funded sessions** | | | | **Per session AM or PM**  **Per full day** | | | | | **£16.00**  **£32.00** | | | | | | Yes/no | | |
|  | | | | | | | | | | | | | | | | | |
| **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.**

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| **Term** | | | **Summer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Term 2026\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Setting Name:** | | | | | Please enter the number of hours attended per day | | | | | | | | Entitlement type:  U, U&E, E only, D only, D&E | | | Total hours per week | No. of weeks per year (e.g. 38 or 47) |
|  | | | | | Mon | Tues | Wed | | | Thu | Fri | |
| **Total** number of hours at setting per day | | | | |  |  |  | | |  |  | |  | | |  |  |
| Number of **funded hours** per day | | | | |  |  |  | | |  |  | |  | | |  |  |
| **Funding Start Date:** | | |  | | | | | **Funding End date:** | | | | | |  | | | |
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| My child is also attending the following settings for Entitlement hours: | | | | | | | | | | | | | | | | | |
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| **Total Daily Entitlement Hours** | | | | |  |  |  | | |  |  | |  | | |  |  |
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| **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:  **Early Years Snack**  **School Meal** | | | | **per AM session**  **per meal** | | | | | **£0.40**  **£2.80** | | | | | | Yes/no | | |
| Consumables as listed below: | | | | **n/a** | | | | |  | | | | | | Yes/no | | |
| Additional services as listed below:  **Extra sessions in addition to funded sessions** | | | | **Per session AM or PM**  **Per full day** | | | | | **£16.00**  **£32.00** | | | | | | Yes/no | | |
|  | | | | | | | | | | | | | | | | | |
| **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** | | | |  | | | | | |