Parental Agreement for Early Years Funding Claim 2024-2025

Setting Name	: Woodfall	Primary a	and Nu	ursery	School
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Ofsted URN: 135019

1: CHILD'S DET	I AILS (73 3	luiou										
First Name							Mid	dle Nar	ne/s				
Surname													
Name by which t	he child	d is kı	nown	(if differe	ent to ab	oove)							
Date of Birth							Ger	nder	Ma	le 🗌	Female [
Ethnic Group	SEN Provision						Non	None 🗌 Early Years Support 🗌 EHC Plan 🗌					
Address													
Address							Pos	stcode					
2: DOB EVIDENCE (does the child meet the cut off for the claim period, see guidance note))				
DOB Evidence							Dat	e Seen					
Staff Name							Sta	ff Signa	ture				
3: ADDITIONAL	DETA	ILS F	FOR V	VORKIN	IG FAM	ILIES E	ENTITLI	EMENT	CHILDC	ARE			
Eligibility Code								ent / Ca nber	rer NI				
Parent / Carer DO	OB							ent Sur	name				
4: SETTING AN	ID ATT		ANCE	DETAI	_S								
You need to						Form wi	th each	settina v	our child a	ttends	for their E	ntitlement of	
15 or 30 hou	rs per w	eek to	o ensu	re that fu	nding is	paid cor	rectly. Y	our chile	d can use tl	heir fu	inded hours		
maximum of					-	•					•	ilies	
 Please use U for 3 and 4 year old Universal Entitlement, E for Extended and Expanded Working Families Entitlements and D for 2 year olds in receipt of additional government support. 													
Entitlements	and D for	or 2 ye	ear old										
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Entitlements	and D for	or 2 ye ildcar	ear olo rechoi	ces.gov. ⁻ erm 202	uk to fin 4	d out ab	out savi	ngs on a	any non-fur		hildcare ho	ours.	
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6: DISABILITY ACCESS FUND DECLARATION

Date

Children who are in receipt of child 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. <u>https://www.gov.uk/disability-living-allowance-children/overview</u>								
Is your child el	igible in rece	eipt of Disability Living Allow	ance (DLA)		Yes / No			
DLA Evidence			Date Seen					
Staff Name			Staff Signatur	.e				
		ntitlement across two or more box below) where the Council						
7: DATA PRIV	ACY							
Premium (EYPF department and The Data Protect organisations, in to those (known includes: The right Why it is To who Should you have being or will be	P) or Disability is authorised ction Act 2018 including the E as data subjurt to know the s being held, m it may be c e any concernused, please	purposes of checking your elig Access Fund (DAF) the Coun to collect this data pursuant to puts in place certain safeguar pepartment for Education (DfE) ects) about whom data is held, types of data being held and ommunicated hs relating to how your informa contact your provider or the Co	cil is exercising Section 13 of the ds regarding the , local authoritie such as pupils, tion or the inform	the function of he Childcare A e use of person s and schools their parents a	a government ct 2006. nal data by . The act gives rights and teachers. This			
Privacy Notice Parent / Carer	Seen by		Date					
8: PARENT /	GUARDIAN	DECLARATION						
I (insert name)								
	agree to the	a Section 1. Confirm that the ir conditions set out in this docur			ve is accurate and true. I			
 I agree that who will as provider to provider to delivery an A copy of I agree to term and who will as child's how entitlemer I understa and if I char year. I cannot clar Permission Entitlement the start o The Count provided co bodies restant and return any provided co bodies restanta and	at the informatic ccess informatic o claim Early of er has given r hd that I cannithe Privacy N the Privacy N the pattern of will not be absurs or pattern of funding. Ind the Entitle cose a 'stretc hange the pro- n will only be at funding will f the next terr cil is under a con this form for sponsible for a correct declar	duty to protect the public funds or the prevention and detection auditing or administering public ation on this form that leads to t of funded provision and any r	ared with the Co partments to co or Disability Acce ement funding a ce. to me by the at form and that m notify my provide my provider who I5 hours) or 114 emaining hours a m without permis . If I change pro I and I agree to a it administers, a of fraud. We main funds for these an overpaymen	nfirm my child ess Fund (DAF nd I understan pove Provider y child will atte der if my child i o will inform th 0 hours (30 ho available to me ssion from my vider without p pay the fees at and will use the ay also share to purposes. I un to r to a duplic stration or lega	s eligibility and enable this i) on behalf of my child. d it is <u>free</u> at the point of and regularly throughout the s absent. If I want to alter my e Council where it affects the purs) each year e if I move provider during the provider(s) and the Council. ermission the t the new setting until e information you have his information with other derstand that if I make a eate claim, I will be liable to l costs.			
	/ Carer with	legal responsibility	0.	Childcare	Provider			
Signed			Signed					
Print Name			Print Name					

Date

Term		Autumn Term 2024								
Setting Name:	Please enter the nu attended per day					er of hou	urs	Entitlement type:	Total	No.of weeks per
			Mon	Tues	Wed	Thur	Fri	Ú, U&E, E only, D	hours per week	year (e.g. 38 or 51)
Total number of hours at setting per day										
Number of funde	d hours per da	у								
Funding Start	Date:				F	unding l	End dat	e:		
My child is als	o attending t	he follow	ing sett	ings fo	^r entitle	ment ho	ours:			
Total Daily Entit	lement Hours									
DECLARATION	N									
	I confirm that I have re-read the Parent / Guardian Declaration in Section 8 and the Privacy Notice as detailed in Section 7 above and confirm that:							iled in		
I wish the settin	g named abo	ve to cont	inue to o	claim en	titlemen	t funding	j on beh	alf of my child	l as detailed a	bove
Parent / Carer with legal responsibility						Childcare Provider				
Signed	Signed					igned				
Print Name					P	rint Nam	ne			
Date						ate				

Term		Spring Term 2025								
Setting Name:			Please enter the number of hours attended per day					Entitlement type:	ement Total hours	No.of weeks per
			Mon	Tues	Wed	Thur	Fri	U, U&E, E only, D	per week	year (e.g. 38 or 47)
Total number of hours at setting per day										
Number of funde	d hours per da	y								
Funding Start	Date:				F	unding l	End dat	e:		
My child is also	o attending t	he follow	ing sett	ings for	^r entitle	ment ho	ours:			
Total Daily Entit	lement Hours									
DECLARATION	1									
I confirm that I have re-read the Parent / Guardian Declaration in Section 8 and the Privacy Notice as detailed in Section 7 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					Si	igned				
Print Name					P	rint Nam	ne			
Date						ate				