Parental Agreement for Early Years Funding Claim 2025-2026

Setting Name: Woodfall Primary and Nursery School Ofsted URN: 150118

1: CHILD'S DE	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							Gende	r		Male [] Female [
Ethnic Group				S	EN Prov	rision	None [Earl	y Year	s Support	t 🗌 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	Seen				
Staff Name							Staff S	Signatur	e			
3: ADDITIONAL DETAILS FOR WORKING FAMILIES ENTITLEMENT CHILDCARE, EARLY YEARS PUPIL PREMIUM (EYPP) & DISABILITY ACCESS FUNDING (DAF)												
Eligibility Code								t / Carer SS Num				
Parent / Carer D	ОВ						Parent Surna	t/ 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 order, please contact earlyyearspaymentsteam@cheshirewestandchester.gov.uk												
Do you wish to a	apply fo	or EY	PP for	your chi	ld?			-			Yes / No	 D
Children who are Disability Acces												
Is your child elig	jible in	rece	ipt of D	isability	Living A	Allowan	ce (DLA	')			Yes / No	D
If your child is spl setting you nomin				nt across	s two or r	more pro	viders, i	s this the	e		Yes / No /	N/A
DLA evidence pro	ovided 1	to sett	ting								Yes / No	0
4: SETTING AND ATTENDANCE DETAILS												
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					Au	ıtumn			Гerm	2025		
Setting Name: Please enter the numb attended per day			er of hou	urs Fri	type: U only	ement y, U&E, /, D only,	Total hours per week	No. of weeks per year (e.g.				
				Mon	Tues	Wed	Tilu	1 11	D&E	,, D Oilly,	per week	38 or 51)
Total number of ho					-							
Number of funded	nours p	er day		1	1		1	1	1			

Funding Start Date:				Fundi	ng End	date:		
My child is also attending the following setting(s) for Entitlement hours:								
Total Daily Entitlement Hours								

5. Additional services and charges

the year.

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.

tariang to acceptant these can be removed for facility to the								
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: Provider to prepopulate with their offer (or state not applicable)	Lunch Time Meal	£3.25	Yes/no					
Consumables as listed below: Provider to prepopulate with their offer (or state not applicable)	N/A	N/A	Yes/no					
Additional services as listed below: Provider to prepopulate with their offer (or state not applicable)	N/A	N/A	Yes/no					

6: PARENT / GUARDIAN DECLARATION
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)

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.

each year and if I choose a 'stretched offer' this may affect the remaining hours available to me if I move provider during

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	Spring					Term 20	26		
Setting Name:		Please enter the number of hours attended per day				urs	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:				Fu	ınding l	End dat	e:		
My child is also attending the	My child is also attending the following settings for Entitlement 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: Provider to prepopulate with their offer (or state not applicable)	Lunch Time Meal	£3.25	Yes/no
Consumables as listed below: Provider to prepopulate with their offer (or state not applicable)	N/A	N/A	Yes/no
Additional services as listed below: Provider to prepopulate with their offer (or state not applicable)	N/A	N/A	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				D	ate				
Please complete the following table prior to the start of the next term.									
Term			Su	mmer_			Term	2026	
Setting Name:			enter the		er of ho	urs	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 da	ny								
Funding Start Date:				F	unding	End dat	e:		
My child is also attending the	following	settings	for Enti	tlement	hours:				
Total Daily Entitlement Hou	ırs								
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Parent / Carer with legal responsibility	Childcare Provider

Signed	Signed	
Print Name	Print Name	
Date	Date	