April 2023- March 2024



Provider Ofsted URN*

Date of Birth*

Ethnicity*

30 hours eligibility code

Male / Female *

Residency Code*

Parent Declaration Form for Early Years Entitlement Funding for 2, 3 and 4 year olds

Additional details for children claiming 30 hours Free Childcare - Extended Entitlement (required if

* denotes a mandatory field and <u>must</u> be completed

Provider Name*

Legal First Name*

Legal Surname*

Child Details

Address

Postcode*

child is eligible)

National Insurance Number

	ement Declaration hild is attending the abo	ve named provic	der for the follo	owing funded hours per wee	k, per				
Funding Period	Total funded hours available	No of funded weeks*	Hours per week*	Signature of parent/guardian*	Date*				
Summer 23 (1 Apr - 31 Aug)	195 hrs Universal Entitlement								
	195 hrs Extended Entitlement								
Autumn 23	210 hrs Universal Entitlement								
(1 Sept - 31 Dec)	210 hrs Extended Entitlement								
Spring 24	165 hrs Universal Entitlement								
(1 Jan - 31 Mar)	165 hrs Extended Entitlement								
	imum of 10 hours can b	·	•	please complete the follo	wing:				
Provider name:				Number of hours (SMR 2023):					
Provider name:			Numbe	Number of hours (AUT 2023):					
Provider name:			Numbe	Number of hours (SPR 2024):					

Please note that you can split your entitlement between no more than 2 providers. The only exception is when the third provider is a District Specialist Centre for children with special educational needs and disabilities.

Early Years Pupil Premium (EYPP) Declaration (Optional completion for 3 & 4 year olds only)

If you believe your child may qualify for the EYPP please provide the following information for the main benefit

							, you	quai	iiy ui	nder	:
Forename	Surname	Date o	f Birth	National Insurance Numb			umbe	er			
Income Basis	Looked After C	nild	Adopte	ed from	care)					
If you are unsure of the qualify on EYPP on the Wiltshire Cour	-	e ask your provic	ler for more o	details (or inf	orma	ation	can I	be fo	und	
Disability Access Fund Declar											
Three and four year old childre Early Years Entitlement are eli sum amount of £828 per eligib	gible for the Dis	ability Access Fur	nd (ĎAF). ĎA								
Is your child in receipt of Dis	ability Living A	Illowance?	es / No								
If yes, please show your child's	s DLA award co	nfirmation letter to	your choser	early	years	s pro	vider				
If your child is splitting their Ea provider where the Local Author				iders, p	oleas	e no	mina	te the	e ma	in	
Provider Name				Provid	ler O	fstec	I URI	٧			
Parent Declaration* I understand that if I have given maximum entitlement with one place may be taken away. I ur that Wiltshire Council has no or receives the maximum entitlem. I understand that the information and my Early Years Pupil Prent Years Entitlement information maintained schools and other I Department for Education, Ofsthe General Data Protection Received.	or more providenderstand that if bligation to make the period on this form white the depth of the control of th	ers I may be aske I choose to take I e arrangements to ar. will be used to produce Disability Access Wiltshire Council to It will also be use Council, and program.	d to reimburs ess than the o provide add cess my Ear Fund (DAF) o compare d ed for statisti ocessed in ad	te the profull entre distinct of the first section	orovice itlem hour s Entation h other alysis nce w	der(s ent f s to titlen (if re er pr purp vith t	or reforming on the ment of th	ny chily chily chil re my fundi nt). T ers, s by t quire	nild's ld I a y chi ng cl The E the	igree Id Iaim Early	, t
Signed:	Date:		_ Relations	hip to o	child:						-
Information for providers* This declaration is your eviden and for future reference, include evidence of a claim at any time registers with your provision, you seen by ticking the relevant bo notification letter for DAF. Birth Certificate	ling auditing. Ple. When a child ou must obtain	ease note that yo who is or become proof of eligibility.	u may be ask es eligible for Please indic	ked by Early ' ate wh n proof	the a Years ich d of a	utho s Ento ocur	rity to titlem nents	pro ent F hav	duce und e be	e ling en	3

Signature: _____ Date: ____

Position: