# Early Years Funded Entitlement Parent Declaration Form (from April 2024)

## Notes on completion of the Parent Declaration Form

1. West Sussex County Council (WSCC) must correctly identify all children the funding is claimed for. The child’s name **must** be given in full and match their legal name, as stated on their Birth Certificate or Passport. This information is used to update School Admissions records.

WSCC is required to check pupil records for duplicates and fraudulent claims and to update individual details on its database. The postcode is very important information in this process and **must** be completed.

**The provider may only claim funding if they have had proof that your child is in the eligible age range and so they will need to certify your child’s date of birth. You will need to show the provider a document of proof such as a Birth Certificate or Passport and enter the document number on the form.**

1. Choose your ethnic origin from the following list: (Funding is not dependent on choice of ethnic origin – this information is used purely for statistical purposes).

* White British
* White Irish
* White Northern Irish
* Traveller of Irish heritage
* Any other white background
* Mixed White and Black Caribbean
* Mixed White and Black African
* Mixed White and Asian
* Mixed any other background
* Asian or Asian British Indian
* Asian or Asian British Pakistani
* Asian or Asian British Bangladeshi
* Asian or Asian British any other background
* Black or Black British Caribbean
* Black or Black British African
* Black or Black British any other Black background
* Chinese
* Any other ethnic background
* Withheld/do not wish to be recorded

1. For children who are eligible to receive Early Years Funded Entitlement (EYFE) for Working Families, the provider will need your 11-digit eligibility code, your National Insurance number and child’s date of birth in order to validate the code with WSCC. You will be prompted by HMRC to reconfirm your eligibility every 3 months; missing reconfirmation deadlines may cause your eligibility to lapse. If upon reconfirmation you are no longer eligible for EYFE for Working Families, you will be able to retain your EYFE for a short period; this is known as the grace period. For 3 and 4 year olds your **Universal EYFE** will continue.
2. Children who are in receipt of Disability Living Allowance (DLA) and are receiving EYFE are eligible for the Disability Access Fund (DAF). DAF is paid to the nominated provider of your choice as a fixed annual rate of £910 per eligible child. Funding is **not** transferable between settings. You must provide the setting with a **copy** (no originals) of your child’s current DLA award letter in order for the setting to claim DAF.
3. Providers will be able to claim additional supplements up to a maximum £666.90 a year for children who meet Early Years Pupil Premium (EYPP) eligibility criteria, depending on the total number of yearly funded hours claimed. Your eligibility under the economic criteria is checked using your National Insurance (NI) number or National Asylum Support Service (NASS) number. By providing these details you are granting WSCC permission to check your EYPP eligibility with the Department for Work and Pensions (DWP) and award EYPP plus an additional supplement if appropriate.

Information relating to your income is not shared by the DWP when your eligibility is checked. Further information on the EYPP, including eligibility criteria, can be found by visiting the website <https://www.gov.uk/get-extra-early-years-funding>. EYPP for 3 and 4 year old children will only apply to the hours claimed from 3 and 4 year old Universal EYFE allowance (15 hours a week maximum).

**6** Funded hours is the amount of time your child is entitled to attend for free whilst accessing early education. These hours are funded by the Government. They are subject to the following limits:

|  |  |  |
| --- | --- | --- |
| EYFE scheme | Maximum hours per week  (over 38 weeks) | Maximum hours per year |
| 2 year old EYFE for working families | 15 | 570 |
| LA issued 2 year old EYFE | 15 | 570 |
| Universal EYFE for 3 and 4 year olds | 15 | 570 |
| Universal + Extended EYFE for 3 and 4 year olds | 30 | 1140 |

**7** If your provider offers funding over more than 38 weeks per year, the total funded hours can be ‘stretched’ across the whole year. Depending on your providers method of claiming the total hours you can claim over the year may consequently reduce, as the funding can only be claimed from WSCC in half hourly increments. Please see examples in grid below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weeks per year | Hours per week | Total hours across the year | Hours per week | Total hours across the year |
| 38 | 15 | 570 | 30 | 1140 |
| 45 | 12.5 | 562.5\* | 25 | 1125\* |
| 51 | 11 | 561\* | 22 | 1122\* |

\*The remainder of hours cannot be claimed if your setting claims standard stretched funding.

Alternatively, your provider can claim over 38 weeks per year but ‘self-stretch’ the hours according to a pre-arranged agreement between them and yourself. All rules still apply when this method of claiming is used, including the maximum of 15 or 30 hours per week. All hours claimed **must** be delivered to the child (with the exception of child sickness or planned short term holidays). If you wish for your child to access EYFE hours over more than 38 weeks you must discuss this with your provider before starting your claim, so you are aware of any potential loss in free hours. Please note that not all providers offer these stretched methods of claiming.

**8** If your provider is open for more than their stated funded weeks per year (e.g. if they are open for

51 weeks per year but only offer the funding over 38 weeks), any hours your child attends in the non-funded weeks will need to be funded by yourself.

**9** WSCC will claim grant, to be paid to providers for educating your child/children for up to 15 funded hours per week, or for the Extended EYFE 30 hours per week. Children may attend a maximum of 10 hours in one day. Please note:

* Parents **must not** be required to take up additional services in order to take up funded hours.
* You may, if you wish, access only the funded hours at those times stipulated by the provider and subject to availability of places. Please refer to the provider’s Admissions Policy for further information and details on how they prioritise places.
* If you do not wish to commit to extra weeks over and above the 38 week limit you are not obliged to in order to access the EYFE.
* The entitlement equates to 570 hours per year, or for 3 and 4 year old Extended FE 1140 hours per year. This cannot be exceeded in one 12-month period. Please note that the 12-month period starts once the child is eligible at the start of the term in which they begin to access their EYFE hours.
* All EYFE may be split across county borders, but the total hours claimed for 2 year old FE and 3 and 4 year old Universal FE must not exceed 15 per week (or 570 hours per year). Or, for the Extended FE 30 hours per week (or 1140 hours per year). This information is shared and audited with other Local Authorities.
* The entitlement may be taken over more than 38 weeks, in which case the weekly entitlement is reduced (see also note **7**).
* Providers are **not** obliged to meet every individual request for a pattern of delivery where this is impractical.

**WARNING: You are not entitled to claim more than 15 funded hours per week (or 570 hours per year), or for the Extended FE 30 hours per week (1140 hours per year). This includes cross county border funding. Claims in excess of this will lead to legal action.**

**10** You can split the EYFE between multiple EYFE registered providers, though no more than two sites in a single day. For example, your child may attend a breakfast club and nursery setting based on one site, and then attend a setting on a different site in the afternoon. You must inform each provider of how many hours you are going to claim at additional providers and ensure your total funded hours does not exceed the maximum as per note **9**.

**11** WSCC makes regular checks to ensure children are not exceeding their EYFE Claim.

1. You **must** ensure that you claim the same number of EYFE hours you register for with your

provider. If you intend to change the number of hours you must discuss this with the provider before implementing any changes. You **must not** register for more EYFE hours than your child accesses. **It is fraudulent for a provider to claim more EYFE hours than a child is accessing.**

1. Any changes to the Parent Declaration form **must** be submitted by the childcare provider to WSCC **before** the headcount date at the start of a term. Headcount dates are available from your childcare provider. Any change to an existing declaration, made after the headcount date will not be accepted.
2. If your child starts to attend school on a part-time basis the funding to your EYFE registered provider (Day Nursery, Pre-school, Childminder, Breakfast Club, Out of School Club, or Holiday Scheme) ceases.
3. You **must** update your provider and complete a new copy of the Early Years Entitlement Parent Declaration Form for any changes in hours or complete the Record of Change section if there is a change of address or legal names. The information you provide will be used for the school admissions process. **If incorrect, this may mean that your child is designated the incorrect school catchment area.**

**THIS FORM MUST BE RETAINED BY THE PROVIDER, FOR THE CURRENT FINANCIAL YEAR (APRIL TO MARCH), PLUS 2 YEARS FROM COMPLETION DATE AND MADE AVAILABLE AT THE REQUEST OF WEST SUSSEX COUNTY COUNCIL OFFICERS OR OFSTED INSPECTORS.**

**IF CHANGES TO HOURS ARE REQUIRED THEN A NEW FORM MUST BE COMPLETED.**

**If you require any assistance when completing this form, please contact the Family Information Service on 01243 777807**

# Early Years Funded Entitlement Parent Declaration Form (from April 2024)

To be completed by the parent of an eligible child together with the provider of early years education. Bracketed numbers indicate that there are help notes for your reference on the separate sheet ‘Notes on completion of the Parent Declaration Form’. **Please ensure you complete all three pages of this form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details (note 1)** | | | |
| Child’s full legal name (as shown in the child’s ID reference) | | | |
| Forename |  | | |
| Middle name(s) |  | | |
| Surname |  | | |
| Date of birth | (day/month/year) | | |
| ID reference |  | Passport | Birth Certificate |
| Ethnic origin | (see list, note 2) | | |
| Full home address |  | | |
| Postcode |  | | |

|  |  |
| --- | --- |
| **Eligibility Codes (note 3)** | |
| LA issued 2YO | (6 digit reference number) |
| Working Families\* | (11 digit reference number) |

**\***You will need to reconfirm eligibility every three months when prompted by HMRC via text message and/or email (note **5**)

|  |  |  |
| --- | --- | --- |
| **Disability Access Fund (DAF)** | | |
| Child is in receipt of Disability Living Allowance (DLA)? | Yes | No |
| Nominated provider to receive the DAF payment (note 4) |  | |
| Brief details of discussion between parent/carer and provider regarding what the funds will be spent on |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer Details (note 5)** | | | |
| Parent/carer’s full legal name | | | |
| Forename |  | | |
| Surname |  | | |
| Date of birth | (day/month/year) | | |
| National Insurance Number |  | National Asylum Support Service Number |  |
| Contact phone number(s) |  | | |

|  |  |  |
| --- | --- | --- |
| **Early Years Pupil Premium (EYPP) (note 5)** | | |
| I give permission to use my details to check my child’s eligibility for EYPP under the economic criteria | Yes | No |
| My child is eligible for EYPP under the non-economic criteria | Yes (please state) | No |

|  |  |
| --- | --- |
| **Details of the EYFE provider that my child will be attending (note 14)** | |
| Provider name |  |
| Provider address |  |
| Postcode |  |
| Agreed start date at provider | (day/month/year) |
| Agreed start date of EYFE hours at provider | (day/month/year) |

**Pattern of attendance for the Government funded EYFE hours (see notes 6 and 9)**

Complete as relevant:

|  |  |
| --- | --- |
| **Funding Type** | **Total number of Government funded FE hours per**  **week my child will access at this provider** |
| 2 year old LA Issued EYFE\* |  |
| 3 and 4 year old Universal EYFE |  |
| 9mths – 4 year old Working Families EYFE\*  (this includes 3 and 4 year old Extended EYFE) |  |

\*For eligible families only.

|  |  |
| --- | --- |
| Number of weeks per year **Government funded EYFE hours** will be used (note **8**) |  |

Please complete the table below with the **Government funded EYFE hours** for your child:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Sat/Sun | Total |
| *Example AM* | *3 hours* |  | *3 hours* |  | *3 hours* |  | *9 hours* |
| *Example PM* |  | *3 hours* | *3 hours* |  |  |  | *6 hours* |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Total number of hours per week child attends (**Government funded + unfunded hours**) |  |

**Providers that claim Government funding via the self-stretched method to confirm that:**

The provider will claim hours per week on a term time basis, which when stretched will give you hours a week to use over weeks of the year, as reflected above.

**Details of additional provider(s) where my child will be accessing funded hours**

Complete the information below if your child is splitting the EYFE across more than one provider. EYFE can be split between multiple providers, but your child can attend a maximum of two sites in one day (Notes **7** **and 10**)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider name** | | **Provider full address (Including postcode)** | **Agreed start**  **date of EYFE**  **hours**  **(dd/mm/yyyy)** | **Total number of EYFE hours per**  **week child attends:** | | | **Number of weeks**  **per year**  **EYFE hours**  **will be**  **claimed** |
| **9mths\***  **to 2 year**  **old EYFE**  (15 hours maximum) | **3 and 4 year old EYFE** | |
| **Universal**  (15 hours  maximum) | **Extended\*\***  (additional 15 hours maximum) |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |

**\*9 months** fromSeptember 2024

**\*\*Extended EYFE -** If your child is splitting their EYFE across more than one provider, you must choose which provider(s) you wish to continue to use your Universal FE (15 hours) if you were to cease to meet the eligibility criteria for Extended FE (additional 15 hours). Please indicate this by splitting your total EYFE hours across the Universal and Extended FE boxes.

**Declaration**

I understand that:

* If I am only accessing EYFE hours it must not be compulsory for me to pay for consumables such as nappies or sun cream and for services such as trips and yoga. These charges must not be a condition of access. I must be given an alternative option, for example to supply my own consumables instead.
* Voluntary contributions are acceptable but must not be included in any invoice totals or added as a condition of access.
* Invoices and receipts issued by my chosen setting will be clear, transparent, and itemised allowing me to see that I have received my child’s early years funded entitlement completely free of charge and am able to understand fees paid for additional hours or services.
* I can claim up to a maximum of 15 funded hours for my child per week, across 38 weeks in the year (570 hours per year). For the 3 and 4 year olds who are also eligible for Extended EYFE, I can claim an additional 15 hours each week, up to a maximum of 30 hours per week over 38 weeks (1140 hours per year). (Notes **9** and **11**).
* If I sign up with a provider, it is my intention to send my child for the funded hours as per the pattern of attendance completed on this form. It is fraudulent to sign up to more EYFE hours than my child is actually accessing (note **12**).
* I can request, via the provider, changes to the number of hours claimed, as long as this is done before the headcount date of each term. (Notes **13 and 15**).
* I must show the provider confirmation of my child’s date of birth (note **1**).
* If eligible for Disability Access Fund, I must give the provider a copy (no originals) of paperwork to show my child is eligible and in receipt of Disability Living Allowance and have nominated only one provider of my choice to receive the one-off Disability Access Fund payment and will discuss how funds will be spent with my provider (note **4**).
* I must provide my name, date of birth and National Insurance or National Asylum Support Service number which will be used by the provider to check eligibility for Early Years Pupil Premium (EYPP), which is paid to the provider. I am aware of how to claim under the non-economic eligibility criteria. If eligible, EYPP and an additional supplement will only apply to the first 15 hours EYFE claimed (note **5**).
* If eligible for Working Families EYFE, I give the provider permission to verify my 11-digit eligibility code and provide my child’s date of birth and my National Insurance number which will be used by the provider and the Local Authority to verify my eligibility code (note **3**).

**Please read the statements below and tick each box to confirm**

|  |  |
| --- | --- |
|  | I have completed **ALL** parts of this form in full, including details of any other providers  where applicable. |
|  | I confirm that I have been given a West Sussex County Council leaflet ‘Free Entitlement, A guide for parents and carers by the Family Information Service’ by my provider. |
|  | I confirm I have seen a copy of the Privacy Notice. |
|  | I will tell the provider if the arrangements or details on this declaration change (note **15**). |
|  | I have a copy (or taken a photograph) of this completed and signed declaration for my own records. |

**This form will not be accepted as evidence to support claiming DAF or settle funding disputes without both the parent and provider signing and dating this declaration.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer signature |  | Print Name |  |
| Date signed by Parent | (day/month/year) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider signature |  | Print Name |  |
| Date signed by Provider | (day/month/year) | | |

Information provided on this proforma will be held on a computer system registered under the General Data Protection Regulations (GDPR), 2018. This information is used by the Department for Education in monitoring the use of the funding.

**Record of changes to name or address** of child or parent/carer for whom the funded hours are claimed (must be attached to original form).

This section should only be used to record any changes to the child/parent or address information provided on the original Parent Declaration overleaf. Each change **must** be signed and/or dated by the parent and the provider where indicated.

**I wish to notify you of a change to my child’s name, my name and/or our address (please complete details as appropriate below):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| Child’s new legal name (as shown in the child’s ID reference) | | | |
| Forename |  | | |
| Middle name(s) |  | | |
| Surname |  | | |
| Date of birth | (day/month/year) | | |
| ID reference |  | Passport | Birth Certificate |
| Full home address |  | | |
| Postcode |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent’s Details** | | | |
| Parent/carer’s new legal name | | | |
| Forename |  | | |
| Middle name(s) |  | | |
| Surname |  | | |
| Date of birth | (day/month/year) | | |
| ID reference |  | Passport | Birth Certificate |
| Full home address |  | | |
| Postcode |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures (required)** | | | |
| **Parent/Carer** signature |  | Print Name |  | |
| Date signed by Parent | (day/month/year) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** signature |  | Print Name |  |
| Date signed by Provider | (day/month/year) | | |

**Note to Provider:** Please ensure any changes are updated via the Online Provider Portal when you next submit your child-level headcount claim for this child.