|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Parent Declaration Form** |  |
|  | | | |
| **Provider Name:** | *HARVILLS HAWTHORN PRIMARY SCHOOL* | | |

# Please note that by completing this form your child will remain at the setting for the duration of the term. If your child leaves before the term’s census date you may be responsible for any payment that is due to the provider.

**It is your responsibility to check and renew your 30-hour code prior to the term starting. You will also need to valid this code every 3 months as part of the funding requirements.**

# Child’s Details (to be completed by the parent/carer)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Name** | **Middle Name(s)** | **Last Name** |
| **Legal Name:** |  |  |  |
| **Chosen Name:** |  |  |  |
| **Date of Birth:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | **Gender:** | **Male / Female** |
| **Address:**  **Postcode:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documentary proof of DoB Type** (e.g. Birth certificate, Passport): |  | **Document recorded by** (name of staff member): |  | |
| **Date document recorded:** |  | Date Privacy notice issued to parent | |  |

**Details for claiming ELT & the Extended Entitlement -30 hours**

|  |  |
| --- | --- |
| **Parent/carer National Insurance Number/ NASS:**  **(9 characters)** | Parent’s Name ------------------------------------ Parent DOB ---------------------  National insurance number/NASS \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **ELT** | N/A |
| **30 hours eligibility code:** | 5 0 0 \_ \_ \_ \_ \_ \_ \_ \_ |

**Setting and attendance details**

* Parents need to agree and complete this Declaration Form for each provider. This will help to ensure that funding is paid fairly between them.
* Your child can attend a maximum of two sites in a single day and if your child attends more than one provider Sandwell Metropolitan Council will fund all Sandwell providers accordingly.

**Your Declaration:**

I agree for my details to be used in checking for eligibility of funding to include the Early Years Pupil Premium and the 30 hours entitlements.

**Data Privacy Notice**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Protection Notice**  Your privacy is important to us. All information is regarded as confidential and any data collected will be processed or disclosed within the limits of the Data Protection Act 2018.     |  | | --- | | To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at:  <http://www.sandwell.gov.uk/privacynotices> |   I 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 funding to be claimed, as agreed above, on behalf of my child.   |  |  | | --- | --- | |  | I am happy for my information to be shared with appropriate organisations, for providing and offering services to me. *(Please put an X in the box to confirm.)* | |  |   Please tick all boxes to confirm:  **EYPP Signed \_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ 30 hours Signed \_\_\_\_\_\_\_\_\_\_\_\_\_** ­­­­­­   |  |  |  |  | | --- | --- | --- | --- | | **Signature of parent/guardian:** |  | **Date:** |  | |

**My child is attending the following providers:**

**Autumn Term**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please state the number of hours** | **Providers Name**  **ELT -2-year-old funding** | | | | |
| **Mon am/pm/all day** | **Tues**  **Am/pm/all day** | **Wed**  **Am/pm/all day** | **Thurs**  **AM/pm all day** | **Fri**  **Am/pm all day** |
| **ELT hours** | NA | NA | NA | NA | NA |
| **Total Hours** | NA | NA | NA | NA | NA |
| **NEF -3 and 4-year-old funding.** | | | | | |
| **Universal Funded hours** | **3** | **3** | **3** | **3** | **3** |
| **Extended hours (30 hours\_** | **3** | **3** | **3** | **3** | **3** |
| **Total daily hours** | **6** | **6** | **6** | **6** | **6** |
|  | | | | | |
| **Hours at additional provider** |  |  |  |  |  |
| **Please state name of additional provider** | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Autumn Term Only** | | | |
| Parent/Carer Signature/Guardian with legal responsibility: | | Childcare Provider: | |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |

**My child is attending the following providers:**

**Spring Term**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please state the number of hours** | **Providers Name**  **ELT -2-year-old funding** | | | | |
| **Mon am/pm/all day** | **Tues**  **Am/pm/all day** | **Wed**  **Am/pm/all day** | **Thurs**  **AM/pm all day** | **Fri**  **Am/pm all day** |
| **ELT**  **Funded hours** | NA | NA | NA | NA | NA |
| **Total ELT Hours** | NA | NA | NA | NA | NA |
| **NEF – 3 and 4-year-old funding** | | | | | |
| **Universal Funded hours** | **3** | **3** | **3** | **3** | **3** |
| **Extended hours (30 hours\_** | **3** | **3** | **3** | **3** | **3** |
| **Total daily hours** | **6** | **6** | **6** | **6** | **6** |
|  | | | | | |
| **Hours at additional provider** |  |  |  |  |  |
| **Please state name of additional provider** | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spring Term Only** | | | |
| Parent/Carer Signature/Guardian with legal responsibility: | | Childcare Provider: | |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |

**My child is attending the following providers:**

**Summer Term**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please state the number of hours** | **Providers Name**  **ELT -2-year-old funding** | | | | |
| **Mon**  **Am/Pm/all day** | **Tue**  **Am/Pm/all day** | **Wed**  **Am/Pm/all day** | **Thurs**  **Am/Pm/all day** | **Fri**  **Am/Pm/all day** |
| **ELT**  **Funded hours** | NA | NA | NA | NA | NA |
| **Total ELT Hours** | NA | NA | NA | NA | NA |
| **NEF – 3 and 4-year-old funding** | | | | | |
| **Universal Funded hours** | **3** | **3** | **3** | **3** | **3** |
| **Extended hours (30 hours\_** | **3** | **3** | **3** | **3** | **3** |
| **Total daily hours** | **6** | **6** | **6** | **6** | **6** |
|  | | | | | |
| **Hours at additional provider** |  |  |  |  |  |
| **Please state name of additional provider** | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summer Term Only** | | | |
| Parent/Carer Signature/Guardian with legal responsibility: | | Childcare Provider: | |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |