**SCHEDULE 3 Rotherham Metropolitan Borough Council**

**EARLY EDUCATION PARENT DECLARATION (April 2020 revision)**

This form should be completed for All Early Education Funded Children

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Provider:** | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | | | |
| 1. **Child Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Surname |  | | | | Legal Forename (s) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| *Name by which the child is known (if different to above)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address  Post code |  | | | | Gender | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Ethnicity | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Provider will need to see proof of child’s date of birth (provider staff member to sign and date below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Checked Birth Certificate | | | | | Or Checked Passport | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Parent Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Carer 1** | | | | | | **Parent /Carer 2** | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Family Name | | | | | | Legal Family Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Forename | | | | | | Legal Forename | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | |
| NI or NASS Number | | | | | | NI or NASS Number | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 H Code (if applicable) | | | | | |  | |  | |  | |  | | | |  | |  | |  | |  | | | |  |  | | |  |
| 1. **Child’s Eligibility – my child attends the following school /settings:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Early Education Funded Hours**  **Universal (U)= 15 hour entitlement (2, 3 & 4 Yr. Olds)**  **Extended (E) = additional 15 hour childcare entitlement (3 & 4 Yr. Olds)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Setting | | Mon | Tues | Weds | | | Thurs | | | | Fri | | | | | | **Total hours**  **per week** | | | | | | Term Time /  All Year Round Delivery | | | | | | | |
| **A** | |  |  |  | | |  | | | |  | | | | | |  | | | | | | Term Time  All Year Round  (Please circle) | | | | | | | |
| **B** | |  |  |  | | |  | | | |  | | | | | |  | | | | | |
| **C** | |  |  |  | | |  | | | |  | | | | | |  | | | | | |
| Is your child splitting their early education entitlement over more than one Provider? | | | **YES** | | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | |
| **Note for Provider: the above information should be used to make sure you are not offering more than the early education entitlement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Further Grants – Disability Access Fund** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your child is 3 or 4 and receiving **Disability Living Allowance (DLA)**? If yes, please provide a copy of the award letter; this will be used to access a grant payment of £615 for the setting | | | | | | | | | | **YES** | | | | | | | | | | **NO** | | | | | | | | | | | |
| **If your child is splitting their entitlement over more than one Provider** please indicate which setting you want to receive the annual DAF payment of £615 per year. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Further Grants – Early Years Pupil Premium** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Funding may be available through Early Years Pupil Premium (EYPP) paid to the early years provider for the provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources so as to impact positively on your child’s progress and development. The questions below allow us to check all eligibility criteria for EYPP funding. The Early Years provider can advise you if your child meets the EYPP criteria. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the child been adopted from care? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| Is the child currently under care of a Local Authority other than Rotherham? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| Has the child left care under a special guardianship or residency order? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| 1. **Document Check List** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 2 Yr. Eligibility Code / RMBC Letter (if applicable) | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | |
| 1. **Parent/Carer/Guardian Declaration - I confirm that:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The information I have provided is accurate and true and I authorise the named Provider to claim free early education funding, Early Years Pupil Premium or Disability Access Fund as detailed above on behalf of my child. 2. I understand that I can take-up the early education entitlement free without the need to pay for additional services. 3. I understand that I can only vary the agreed Early Education hours detailed within the term if the Provider can accommodate the change. 4. I understand I must adhere to the Providers notice period when giving notice for my child to leave. 5. If my child has previously taken their early education at another setting I have given the previous Provider appropriate notice. 6. I understand that if my child accesses an All Year Round place and moves to school / term time place that any excess hours accessed will be reclaimed 7. I understand that if I do not declare hours taken at another Provider I can be charged for hours taken above my child’s free entitlement. 8. I understand that information about my child’s current interests and stage of development will be passed on to their next school/setting at the point of transition. 9. I understand that my national insurance number and personal details will be shared with HMRC or DfE when claiming 30Hour funding or Early Years Pupil Premium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Parent: | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | |
| Signature of Provider: | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | |
| In collecting your data for the purposes of checking your eligibility for the 2-year-old, or 3 & 4-year-old universal and extended entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) Rotherham Metropolitan Borough Council is exercising the function of a government department. Rotherham Metropolitan Borough Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I certify that there have been no changes to the details on this form:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Term** | **Parent Signature** | **Date** |
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**Additional Parent Notes**

**Eligibility Criteria for the Free entitlements**

Information on eligibility criteria for the free entitlements for 2, 3 and 4 year old children can be found online at www.childcarechoices.gov.uk

Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for 3 and 4 year olds of families in receipt of certain benefits.

Disability Access Fund (DAF) is an additional sum paid to childcare providers for 3 and 4 year olds in receipt of a child Disability Living Allowance. DAF is paid to the child’s setting as a fixed annual sum of £615.

Parents can access further information online, through their childcare provider or by contacting Rotherham Families Information Service on 0800 073 0230

**Ethnicity Codes**

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| **Code** | **Description** |
| WBRI | White-British |
| WIRI | White - Irish |
| WIRT | Traveller of Irish Heritage |
| WOTH | Any other white background |
| WROM | Gypsy / Roma |
| MWBC | White and Black Carribean |
| MWBA | White and Black African |
| MWAS | White and Asian |
| MOTH | Any other mixed background |
| AIND | Indian |
| APKN | Pakistani |
| ABAN | Bangladeshi |
| AOTH | Any Other Asian Background |
| BCRB | Black Caribbean |
| BAFR | Black African |
| BOTH | Any other Black background |
| CHNE | Chinese |
| OOTH | Any other ethnic group |
| REFU | Refused |
| NOBT | Information not yet obtained |