# Free childcare entitlements – parental declaration form

| **Provider** |  |
| --- | --- |

## Your child details

| **Child’s legal surname** |  |
| --- | --- |
| **Child’s legal forename** |  |
| **Preferred name (if different)** |  |
| **Address (including postcode)** |  |
| **Gender** |  |
| **Date of birth** |  |
| **Start date with provider** |  |

**Child’s ethnic group**

Luton Council is required to compile information on the ethnicity of children accessing the free early education entitlement in Luton. The information will only be used to compile statistics on the ethnicity of children benefitting from the free entitlement. No individual children will be identified in our statistics.

| **Child’s ethnic group** |  |
| --- | --- |
| **Child’s first language** |  |

Please tick the appropriate box below to indicate your child’s needs.

| No Special Educational Needs |  | SEN Support |  | Education Health and Care Plan |  |
| --- | --- | --- | --- | --- | --- |

## Parent details

The information in this section is needed to make eligibility or validation checks for the extended entitlement, Early Years Pupil Premium, or Disability Access Funding

|  | **Parent/Carer 1** | **Parent/Carer 2\*** |
| --- | --- | --- |
| **Parent/carer’s legal surname** |  |  |
| **Parent/carer’s first name** |  |  |
| **National Insurance or NASS No** |  |  |
| **Parent/carer’s date of birth** |  |  |
| **Parent/carer’s telephone no.** |  |  |
| **Parent/carer’s email** |  |  |

## Document check

Please tick the appropriate box below to indicate what document you are providing as proof of child’s date of birth

| Birth Certificate |  | Passport |  | Other |  |
| --- | --- | --- | --- | --- | --- |

| **Document reference number** |  |
| --- | --- |
| **Document recorded by (staff member)** |  |
| **Date document seen** |  |

## Free childcare entitlements

Please indicate which funding entitlement/s you are claiming

| Disadvantaged 2 year old funding |  | Working parent entitlement for 2 year olds |  |
| --- | --- | --- | --- |
| Universal funding for 3 and 4 year olds |  | Working parent entitlement for 3 and 4 year olds |  |

| **Disadvantaged 2 year old code** |  |
| --- | --- |
| **Childcare for working parents eligibility code** |  |

Please record the total number of hours per day.

|  | **Provider one** | **Provider two** | **Provider three** |
| --- | --- | --- | --- |
| **Setting name** |  |  |  |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
|  |  |  |  |
| **Total funded hours per week** |  |  |  |
| **Number of weeks per year e.g. 38, 45, 51** |  |  |  |
| **Total non-funded hours per week** |  |  |  |

#### Disability Access Fund (DAF)

Children claiming the free entitlements who are in receipt of Disability Living Allowance (DLA) are eligible for DAF. This is an extra payment made once a year to help support your child in their setting.

| **Is your child in receipt of DLA?** |  |
| --- | --- |

**A copy of your most recent DLA award letter must be provided with this form.**

If your child is splitting their funded entitlement across two or more providers, please nominate the main setting where the Local Authority should pay the DAF.

| **DAF nominated setting** |  |
| --- | --- |

\* Please seek permission from the parent/carer 2 before providing their details

#### Early Years Pupil Premium (EYPP)

Children from families on lower income may be eligible for EYPP. This is an extra payment to your childcare provider to help support your child.

Please tick below if you give your consent for your details to be checked for eligibility for EYPP.

| **Yes** – please carry out an EYPP check |  | **No** – I do not consent to an EYPP check |  |
| --- | --- | --- | --- |

## Parent/carer/guardian with legal responsibility declaration

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 the above named provider/s to claim free entitlement funding as agreed above on behalf of my child.

|  | **To be completed by parent/carer with legal responsibility** |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

|  | **To be completed by childcare provider** |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

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) Luton Council is exercising the function of a government department. Luton Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006. Please note that from April 2024 2-year-olds will qualify for DAF and EYPP, and under 2s will qualify from September 2024.

## Data Privacy

Luton Council is committed to protecting your privacy when you use our services. We will make sure we hold records about you (on paper and electronically) in a secure way, and we’ll only make them available to those who have a right to see them. If you want to know more about how the Council keeps your data safe please see our privacy statement <https://m.luton.gov.uk/Page/Show/privacy-cookies/privacy-notice/service/Pages/Children-families-education.aspx>