**New Child Registration and Parental Declaration Form**

* This form is solely for the use of the early education and childcare provider to gain the required information to complete census claims for early education and childcare offers for two, three and four year olds. Information on this form will be submitted online to the Local Authority via a secure online Provider Portal to allow them to claim funding for your child.
* The provider will confirm how the information will be held securely for the period of the funding claim
* One form to be completed per child in BLOCK CAPITALS by the adult with parental responsibility.
* A copy of the form will be returned to the parent/carer once signed by the parent and provider.

**Section 1 – (Personal Information)**

### Provider details

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name |  | Postcode |  |
| Registration date of child details at the provision | \_\_\_\_/\_\_\_\_/20\_\_\_\_ | Child’s start date at the provision | \_\_\_\_/\_\_\_\_/20\_\_\_\_ |

### Child details

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Forename(s)(as shown on birth certificate) |  | Child's Surname(as shown on birth certificate) |  |
| Ethnicity (refer to list) |  | Home/First Language |  |
| \*Child’s Date of Birth(as shown on birth certificate) | \_\_\_\_/\_\_\_\_/20\_\_\_\_ | Gender | Male/Female |
| \*\*Address and postcode(as shown on address proof) | | | |

**Parent / carer details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Contact Number |  | Email Address |  |
| Home address and postcode if different to the child | | | |

#### Evidence checked – The childcare provider will need to confirm proof of date of birth and proof of address to submit a claim for funding. This information must be seen and not copied.

|  |  |  |  |
| --- | --- | --- | --- |
| Proof type | Proof seen | **Proof type (please delete as appropriate)** | |
| Child’s Date of Birth | Yes / No | \*Birth Certificate, Passport, Medical Card | |
| Parents Address | Yes / No | \*\*dated within last 3 months e.g. Council Tax bill / Gas Bill / Electricity Bill / Water Bill / Bank Statement | |
| Documents seen by (name of staff member) |  | Date documents seen | \_\_\_\_/\_\_\_\_/20\_\_\_\_ |

**Parent initials\_\_\_\_\_\_**

**Section 2 – (Funding Claim)**

Children can attend at no more than two providers in a single day, the funded hours and weeks of attendance must be confirmed below. Any hours attend over the free entitlement will be chargeable; your provider will provide you with access to written confirmation of fees and charges.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Name(s) | | Early education and childcare hours attended each week | | | | | | |
| Mon  (hours) | Tue  (hours) | Wed  (hours) | Thur  (hours) | Fri  (hours) | Total hours | Term time/  Stretched |
| A |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |  |

**Medical/Special Educational Needs and / or Disability -** All funded early education and childcare providers have Special Educational Needs Coordinators who ensure children can access their early education offers based on their needs. Please summarise below any additional needs your child may have that you wish the early education and childcare provider to be aware of.

|  |
| --- |
|  |

### Disability Access Fund (DAF) Declaration – Three and four year olds only

Three and four year olds in receipt of Disability Living Allowance (DLA) may be eligible for an additional annual lump sum Disability Access Fund (DAF) payment of £615 per year to support them in the provision.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child in current receipt of Disability Living Allowance (DLA)? | Yes |  | No |  |

#### Please provide a copy of page one (1) of your child’s DLA award notice as proof of entitlement, this will be sent to the Local Authority to allow the funding to be paid to the provider. You must state the name of the childcare provider you wish to nominate to receive the DAF payment. The payment cannot be transferred or split between providers and is paid directly to the provider.

|  |  |
| --- | --- |
| Nominated Provider for DAF funding |  |

**Parent initials\_\_\_\_\_\_**

Cut here ----------------------------------------------------------------------------------------------------------------Cut here

1. **hours extended childcare and/ or EYPP claims (three and four year olds only)**

* Parents must apply for their 30 hour code via the Childcare Service ([www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)), providers must validate the 30 hour code before offering a childcare place. This slip will be returned to

you once the code is validated.

* Providers submit EYPP claims for families who meet the financial eligibility criteria – parents date of birth are required for this check.

|  |  |  |
| --- | --- | --- |
| 30 hours code (11 digits) |  | |
| Information required | Parent 1 | Parent 2 (as required) |
| National Insurance Number |  |  |
| Date of birth (EYPP claims only) |  |  |

**Parent with legal responsibility - Early Education and Childcare Funding Declaration**

This page must not be detached from the main form. A copy of the whole form must be made available

to the parent.

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Forename |  | Child’s Surname |  |

* I have been given a copy of or electronic access to, the parent guide to early education and childcare funding.
* I confirm that the information I have provided above is accurate and true and I have added my initials to page one and two of the form.
* I understand and agree to the conditions set out in this document and I authorise the named early education and childcare provider on the front of this form to claim early education and childcare funding as agreed above on behalf of my child.
* I will pay a registration fee if required and understand that this will be returned to me in full within 4 weeks of my child starting at the provider.
* I agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim the 30 hours extended childcare offer, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child as applicable.
* I confirm that if my circumstances change, I will update my early education and childcare provider at the earliest opportunity.
* I agree that the Local Authority will use the information I provide to process my request for funded early education and childcare and will contact other sources as allowed by law to verify my entitlement and for financial audit purposes.
* I understand that data provided may be used to ensure accuracy of eligibility records for early education and childcare offers across the Local Authority to check against fraud.
* I agree to the Local Authority using this information to enable my child’s early education and childcare provider to claim the early years funding for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer/Guardian with legal responsibility consent** | | **Childcare Provider confirmation** | |
| **Signed** |  | **Signed** |  |
| **Print name** |  | **Print name** |  |
| **Relationship**  **to child** |  | **Job role** |  |
| **Date** |  | **Date** |  |