

Annex 2a: Registration for Early Years funded Places (Entitlement) for Two, Three and Four Year Olds

To be completed by parent/person(s) with legal parental responsibility for the child

(TO BE RETAINED WITH THE PROVIDERS CHILD REGISTRATION DOCUMENTS)

| | | | |
|-------------------------------|--|----------------------------------|--|
| Name of Setting | | | |
| Child's Forename | | Child's Surname | |
| Child's Middle Name(s) | | Child's Preferred Surname | |
| Date of Birth | | Gender | |
| Child's Address | | | |

Child's Ethnic Group (Please tick one)

| | | | | | | | | |
|------------------------------|----------------------------|--------------------------|----------------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|--------------------------|
| Asian or Asian British | Bangladeshi | <input type="checkbox"/> | White - British | White - English | <input type="checkbox"/> | White | Albanian | <input type="checkbox"/> |
| | Indian | <input type="checkbox"/> | | White - Irish | <input type="checkbox"/> | | Bosnian - Herzegovinian | <input type="checkbox"/> |
| | Pakistani | <input type="checkbox"/> | | White - Scottish | <input type="checkbox"/> | | Croatian | <input type="checkbox"/> |
| | Any Other Asian Background | <input type="checkbox"/> | | White - Welsh | <input type="checkbox"/> | | White Eastern European | <input type="checkbox"/> |
| Black or Black British | Black – African | <input type="checkbox"/> | Mixed/Dual background | Other White British | <input type="checkbox"/> | | Greek/ Greek Cypriot | <input type="checkbox"/> |
| | Black Caribbean | <input type="checkbox"/> | | White and Asian | <input type="checkbox"/> | | Traveller of Irish Heritage | <input type="checkbox"/> |
| | Any Other Black Background | <input type="checkbox"/> | | White and Black African | <input type="checkbox"/> | | Kosovan | <input type="checkbox"/> |
| Any Other Ethnic Group | Afghan | <input type="checkbox"/> | | Chinese | White and Black Caribbean | | <input type="checkbox"/> | Gypsy / Roma |
| | Filipino | <input type="checkbox"/> | White and any other ethnic group | | <input type="checkbox"/> | | Serbian | <input type="checkbox"/> |
| | Thai | <input type="checkbox"/> | Other mixed background | | <input type="checkbox"/> | | Turkish/ Turkish Cypriot | <input type="checkbox"/> |
| | Vietnamese | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | White Western European | <input type="checkbox"/> | | |
| Refused | <input type="checkbox"/> | | Hong Kong Chinese | <input type="checkbox"/> | White Other | <input type="checkbox"/> | | |
| Information Not Yet Obtained | <input type="checkbox"/> | | Other Chinese | <input type="checkbox"/> | | | | |

| | | | |
|--|--------------------------|-----------------------------|--------------------------|
| Disability (please tick one of the boxes below) | | | |
| Education, Health and Care plan (EHCP) | <input type="checkbox"/> | SEN Support | <input type="checkbox"/> |
| Statement of SEND | <input type="checkbox"/> | No Special Educational Need | <input type="checkbox"/> |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)? | Yes | <input type="checkbox"/> | No |
| Three- and four-year old children who are in receipt of child DLA and are receiving the free entitlement are eligible for the Disability Access Fund (DAF) | | | |
| For parents to complete for EYPP (Early Years Pupil Premium): | | | |
| Please complete the details below if you are currently in receipt of any benefits, as this may mean that your child's setting will be entitled to extra funding to use towards the education of your child. Eligibility is checked termly | | | |
| For Parents to complete for 30 Hours Childcare: | | | |
| Please complete your details below if you have applied for and have been awarded 30 hours free childcare | | | |

| Parent 1 Details | | Parent 2 Details | | | |
|--|--|----------------------------------|------------|--------------------------|-----------|
| First name | | First name | | | |
| Surname | | Surname | | | |
| Date of Birth | | Date of Birth | | | |
| NI/NASS no. | | NI/NASS no. | | | |
| 30 hours eligibility code | | 30 hours eligibility code | | | |
| Applying for 30 hours | | Applying for EYPP | | | |
| Is this provider using the universal 15 hours of entitlement, if the 30 hours funding is split between providers? Please tick | | | Yes | <input type="checkbox"/> | No |
| Signature | | Signature | | | |

| Take up of free entitlement Setting Name(s) | Total number of hours per week | Number of weeks per year (e.g. 38, 45, 51) | Nominated for DAF (if applicable) |
|--|-----------------------------------|--|---|
| | | | |
| | | | |
| | | | |
| Total weekly hours attended | | | |

DECLARATION FORM

I confirm that the above setting may claim the Early Years funding for my child as agreed between myself and the setting. This will be claimed for each term my child attends the setting. I agree that the Early Years Pupil Premium (EYPP) & 30 Hour information overleaf may be used on a regular basis to establish eligibility. I understand that I may withdraw my consent to this at any time by advising the setting.

If my child is using part of the Entitlement at another setting, I will ensure both are informed and I will advise both settings immediately of any changes.

I undertake to provide proof of my child's date of birth, and evidence of eligibility (Two Year Old Funding, DAF & 30 Hours if applicable).

I confirm that the information I have given on this form is complete and accurate. I will inform my provider immediately if any of these details change.

Should I wish to move my child to a new provider after the term has started, I undertake to make both my current and new settings fully aware of the situation BEFORE any move is made, including the agreed termination date with the current provider and the start date with the new provider. I undertake to abide by the conditions set out in the provider's parental contract and also give my permission for both settings to discuss the allocation of funding between themselves.

I confirm that my child will not exceed the maximum entitlement as published by the Government.

I also 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 your child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP), 30 Hours Funding or Disability Access Fund (DAF) on behalf of my child.

Declaration and Submission: I understand that if I have given any false information on this declaration, I may be asked to reimburse the Local Authority under the requirements of the early education entitlement funding by the Department for Education.

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to thurrock.gov.uk/privacy. Get free internet access at libraries and community hubs.

| | | | |
|-------------------|--|-------------------------------|--|
| Signature: | | Print Surname: | |
| Date: | | Relationship to Child: | |

Provider Use only:

Evidence seen: *(please tick)*

Birth certificate or other document.....
 or Statement from officer of the Council attached
 or DLA letter seen for DAF

Two Year Old Funding eligibility letter seen (If applicable)

Date of Letter----- EY Voucher Nos/ 2YE Reference Nos. -----

30 Hours funding information from Provider Portal (if applicable)

Date check on Provider Portal _____ Eligible? Yes No

Start Date _____