

# Parental Declaration Form



**SOUTHAMPTON**  
CITY COUNCIL

Disadvantaged 2 year old funding ref (if applicable)

TYF852	-					-							
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Working entitlement eligibility code (2yr old or 30hrs if applicable)

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**Parental Declaration Form [Confidential] to be completed by PARENTS / CARERS wishing to claim Early Years Funding for their child (eligible two year olds and three / four year olds)**

All Early Years Providers are required by law to keep on record details of children who are claiming Early Years Funded Education. You need to complete this form in **BLOCK CAPITALS** to claim the funding (Completing this form is a condition of your child receiving this funding). Please hand it into the Early Years Provider. Your child's birth certificate should be presented for checking at the same time as this form is submitted as confirmation of their legal name and date of birth.

## Child Details

Legal Forename:

Middle Name(s):

Legal Surname:

Gender: Male/Female  
(Delete as applicable)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Home Address

Flat Name/No: \_\_\_\_\_

House Name/No: \_\_\_\_\_

Street: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Does your child receive Disability Living Allowance (Please circle one): YES / NO

## Ethnic Group of Child (please circle one)

White	Mixed	Asian/ Asian British	Black/ Black British	Chinese	Any Other Ethnic Code
British (WBRI) Irish (WIRI) Traveller of Irish Heritage (WIRT) Gypsy Roma (WROG) Any other White Background (WOTW)	White & Black Caribbean (MWBC) White & Black African (MWBA) White & Asian (MWAS) Any other Mixed Background (MOTH)	Indian (AIND) Pakistani (APKN) Bangladeshi (ABAN) Any other Asian Background (AOTA)	Caribbean (BCRB) African (BAFR) Any other Black Background (BOTB)	Chinese (CHNE)	Any other Ethnic Group (OOTH) Unknown/ Unstated (NOBT)
Main Language Spoken at Home					

Claim Start Date for Funded Hours: \_\_\_\_/\_\_\_\_/\_\_\_\_

## My child is attending the following settings:

Please enter total free entitlement hours attended per day								Total Funded Hours	Number of weeks (if stretch)
First Setting Name		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
	Universal Hours								
	Extended Hours								
Shared Setting Name									
	Universal Hours								
	Extended Hours								

You need to agree and complete this declaration form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.

## Parent /Carer

<b>Parent/Carer: Mr/Mrs/Ms/Miss/Other</b>		<b>Parent/Carer: Mr/Mrs/Ms/Miss/Other</b>	
<b>Forename:</b>		<b>Forename:</b>	
<b>Surname:</b>		<b>Surname:</b>	
<b>Date of birth:</b>		<b>Date of birth:</b>	
Relationship to child:		Relationship to child:	
Parental Responsibility: Yes / No		Parental Responsibility: Yes / No	
National Insurance/NASS Number:		National Insurance/NASS Number:	
<b>Address:</b> (if different from address overleaf)		<b>Address:</b> (if different from address overleaf)	
Post Code:		Post Code:	
Tel No:	Primary Contact No:	Tel No:	Primary Contact No:
	Mobile:		Mobile:

## Parental Declaration

### Data Protection Statement:

The purpose of this form is to collect data for further processing within the Early Years Provider/Local Authority (LA) systems for the primary purpose of funding your child's Early Years Education. The data will be processed in accordance with the purposes notified by the Early Years Provider/LA to the Information Commissioner's office and are subject to data protection legislation. The information given will be entered onto a computer and will form part of the Early Years database. It will be shared with other agencies as per the Privacy Notice supplied by your Provider, and only kept as long as necessary. The information given will also be used by the Provider or the Local Authority to check your child's eligibility for Pupil Premium when accessing 3 & 4 year old funding, your child's eligibility for 30 hours funding, your child's eligibility for 2 yr funding and if your child then starts in a Southampton School this will be used to check for the schools pupil premium. I declare that the information I have given is true and if I give information that is incorrect or incomplete action may be taken against me and could lead to recovery against you by Southampton City Council. More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

### Declaration Of Person With Legal Responsibility:

*I declare the above information to be correct to the best of my knowledge at the time of completion.*

- I agree to notify the Early Years Provider (s) of any change in my child's circumstances.*
- I understand I can claim a maximum of 570 hours a year of funded Education for my child or 1140 hours if eligible for 30 hours funding*
- I understand my child could lose their funded place if they do not attend regularly without a satisfactory reason for their absence*
- I declare that my child receives no funded Education other than which is listed above*
- I understand that if I remove my child from the Early Years Provider without completing the providers notice period I will not be able to receive Early Years Funding at a new Early Years Provider for 2 weeks to cover part of the notice period at the original provider*

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*For Provider office use only*

Legal name on Birth Certificate	
Date of Birth on Certificate	
Date Birth Certificate Seen	
Birth Certificate seen by	