

**Sample Parental Agreement Form**

All parents of eligible 2, 3 or 4 year olds must complete a Parental Agreement Form for each Early Years Provider their child attends. This allows the provider to be paid for the early years funded entitlement of 15 hours, or 30 hours per week.

To allow your child’s provider to claim for the funded hours and, where applicable, Early Years Pupil Premium you will need to provide your date of birth and your national insurance number/NASS.

The table below gives details of when a child becomes eligible for a funded place.

| **Child's birthday** | **When you can claim** |
| --- | --- |
| 1 January to 31 March | The beginning of the summer term on or after 1 April |
| 1 April to 31 August | The beginning of the autumn term on or after 1 September |
| 1 September to 31 December | The beginning of the spring term on or after 1 January |

**Information on Funding**

Further information on a range of government childcare offers can be found at: <https://www.childcarechoices.gov.uk>

For information on North Yorkshire childcare services please contact: Families Information Service: 01609 533483, E-mail: [**fis.information@northyorks.gov.uk**](mailto:fis.information@northyorks.gov.uk)

NYCC Website:[**http://www.northyorks.gov.uk/nyfamilies**](http://www.northyorks.gov.uk/nyfamilies)

**Early Years Pupil Premium (EYPP) Registration – for 3&4-year-old universal funded hours**

The Early Years Pupil Premium (EYPP)is an additional sum of money paid to childcare providers to support disadvantaged 3&4 year old pupils who are accessing up to 15 universal funded hours.

Families must meet one of the following criteria:

• income support

• income-based Jobseeker’s Allowance

• income-related Employment and Support Allowance

• support under part VI of the Immigration and Asylum Act 1999

• the guaranteed element of State Pension Credit

• Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)

• Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit

• Universal Credit –If a parent is entitled to Universal Credit they **must** have an annual net earned income equivalent to and not exceeding £7,400, assessed on up to three of the parent’s most recent Universal Credit assessment periods.

• the child is currently being looked after by a local authority in England or Wales

• the child has left care in England or Wales through:

• an adoption order

• a special guardianship order

• a child arrangements order

**If you provide the full name, date of birth and national insurance number or NASS number of the parent named on the Tax Credit Award Form or Letter from the Department of Work and Pensions checks can be made by NYCC for eligibility.** **Please also ensure you have given your provider permission to request a check**

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| **Notice to Provider:** This agreement is for the North Yorkshire Early Years Registered Provider to collect information from the Parent/Carer of the funded child to enable a claim to be made for early years funding. This Parental Agreement **MUST** be made available to the local authority for audit purposes. The Provider has a data protection responsibility to inform parents why we need their information and how we are going to use it. The retention period for a Parental Agreement is 6 years. |

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| Parental Agreement:Funded Early Years Provision for 2 Year Olds (15hrs max per/wk.), 3 & 4 Year Olds (15hrs or 30hrs max/wk.) |

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| --- | --- |
| **Name of Provider** |  |

**Section 1 - Child Details**

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| --- | --- | --- | --- | --- | --- |
| **Legal Forename** |  | | **Legal Surname** |  | |
| **Middle Name** |  | | **Preferred Surname** |  | |
| **Address including postcode** |  | | | | |
| **Date of Birth** |  | **Gender** |  | **SEN Stage** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Background**  This information is a statutory requirement from the Department for Education and is required for the Early Years Census.  If you do not wish to have this information recorded please tick the appropriate box below. | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **White** | WBRI | White British |  |  | **Asian or Asian British** | AIND | Indian |  | | WIRI | White Irish |  |  | APKN | Pakistani |  | | WIRT | White Traveller of Irish Heritage |  |  | ABAN | Bangladeshi |  | | WROM | White Gypsy/Roma |  |  | AOTH | Any other Asian background |  | | WOTH | Any other White background |  |  | **Mixed** | MWBC | White and Black Caribbean |  | | **Black or Black Caribbean** | BCRB | Caribbean |  |  | MWBA | White and Black African |  | | BAFR | African |  |  | MWAS | White and Asian |  | | BOTH | Any other Black background |  |  | MOTH | Any other Mixed background |  | | **Other Background** | CHNE | Chinese |  |  |  | | |  | | OOTH | Any other ethnic background |  |  | **I do not wish an ethnic background to be recorded** | | |  | | | | | | | |
| **Disability Living Allowance (DLA) and Disability Access Funding (DAF)**  3&4-year-old children who are in receipt of DLA and are receiving the funding entitlement are eligible for the DAF.  The DAF is a fixed annual rate of £615 per eligible child and paid to the child’s nominated early years provider in a financial year (Apr-Mar). | | | | | | |
| Is your child eligible and in receipt of DLA? | YES | |  | NO |  |  |
| Please nominate the main early years provider that you wish to claim for the DAF. | | Name of nominated Provider | | | | |

**SECTION 2 –** **Weekly attendance and claim details.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter weekly hours for this Provider** | **Mon** | | **Tue** | | **Wed** | | **Thu** | | **Fri** | **Total** | **Number of funded weeks** |
| Universal funded hours |  | |  | |  | |  | |  |  |  |
| Extended Funded hours(if eligible) |  | |  | |  | |  | |  |  |  |
| Non-Funded hours (paid for by parent) |  | |  | |  | |  | |  |  |  |
| Total |  | |  | |  | |  | |  |  |  |
| **Attendance at another Provider if applicable including holiday provision** | | | | | | | | | | | |
| **Name of Provider** | | | | | | | | | | | |
| Number of universal hours claimed at other provider |  |  | |  | |  | |  | |  |  |
| Number of extended hours claimed at other provider |  |  | |  | |  | |  | |  |  |
| Total |  |  | |  | |  | |  | |  |  |

**Section 3 – Parent / Carer with parental responsibility**

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| The sections below must be completed to enable the named Early Years Provider to check and claim, if applicable, for the correct number and type of hours.  **30 Hours Eligibility Codes** can only be checked usingthe parent details who created the childcare services account on the HMRC website.  **Early Years Pupil Premium** can only be checked using the parent details of the person named on a Tax Credit Award Form or Letter from the Department for Work and Pensions.  ***Please note: If a child is eligible for Early Years Pupil Premium, the funding can only be given based on the Universal hours.*** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Parent/Carer 1 | | | | | | | | | | | | Parent/Carer 2 | | | | | | | | | | | | |
| Forename |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date of Birth  Please provide DOB to allow checks to be made for EYPP | DD | | | | MM | | | | YYYY | | | | DD | | | | MM | | | | | YYYY | | | |
| National Insurance Number |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | |  |  | |  |
| NASS Number |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | |  |  | |  |
| 30 Hours Eligibility Code |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | |
| 2 year old Voucher Code |  | | | | | | | | | | | | | | | | | | | | | | | | |

**Section 4 – Parental Declaration**

1. I confirm that the details stated on this form are correct.
2. I accept that I must discuss any change in my child’s funded hours during a term with all Early Years Providers that my child attends.
3. I understand that I cannot claim my entitlement across more than 2 sites in one day.
4. I understand that I cannot claim more than the weekly maximum of up to 30 funded hours (if eligible).
5. I authorise the named provider to validate the 30-hour eligibility code if provided.
6. I understand that if I cease to meet the 30-hour eligibility criteria, I will continue to receive extended entitlement for the “grace period” only at my current provider only.
7. I authorise North Yorkshire County Council to exchange information I have provided with my child’s providers, other local authorities if my address is outside of North Yorkshire and the Department for Education.
8. I authorise North Yorkshire County Council to exchange information about my child’s take-up of the entitlement.
9. I authorise North Yorkshire County Council to check my eligibility for Early Years Pupil Premium enabling the appropriate funding to be paid to my Early Years Provider based on Universal hours only.
10. I understand that Early Years Providers and the Local Authority are bound by the Data Protection Act and will not reveal information held on my child to a third party unless the law allows us to.

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| --- | --- | --- | --- |
| I confirm that I have read, and agree to all of the points in the declaration above. | | | |
| **Parent/Carer Signature:** |  | **Date:** |  |
| **Print Name:** |  | | |
|  | | | |
| **Provider Signature:** |  | **Date:** |  |
| **Print Name:** |  | | |
| **Job role:** |  | | |

For further information about how the NYCC and/or Department for Education store and use this data please go to the following websites:

<https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20council/Transparency%20and%20freedom%20of%20information/CYPS%20General.pdf>

<http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

<https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>

*For Childcare Provider use only*

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| --- | --- | --- | --- | --- | --- | --- |
| Term funding begins | | |  | | | |
| Evidence of Date of Birth seen. Document Reference: | | |  | | | |
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