Early Years Funded Entitlement Parent Declaration Form (from April 2025)

To be completed by the parent of an eligible child together with the provider of early years education. Bracketed numbers indicate that there are help notes for your reference on the separate sheet 'Notes on completing the Parent Declaration Form'. **Please ensure you complete all three pages of this form.**

Child's Details (note 1)			
Child's full legal name (as shown in the child's ID reference)			
Forename			
Middle name(s)			
Surname			
Date of birth	(day/month/year)		
ID reference		☐ Passport	☐ Birth Certificate
Ethnic origin	(see list, note 2)		
Full home address			
Postcode			

Eligibility Codes (note 3)	
LA issued 2YO	(6 digit reference number)
Working Families*	(11 digit reference number)

*You will need to reconfirm eligibility every three months when prompted by HMRC via text message and/or email (note **5**)

Disability Access Fund (DAF)		
Child is in receipt of Disability Living Allowance (DLA)?	☐ Yes	☐ No
Name of nominated provider to receive the DAF payment (note 4)		
Brief details of discussion between parent/carer and provider regarding what the funds will be spent on		

Parent/Carer Details (note 5)			
Parent/carer's full legal name			
Forename			
Surname			
Date of birth	(day/month/year)		
National Insurance Number		National Asylum Support Service Number	
Contact phone number(s)			

Early Years Pupil Premium (EYPP) (note 5)		
I give permission to use my details to check my child's eligibility for EYPP under the economic criteria	☐ Yes	☐ No
My child is eligible for EYPP under the non-economic criteria	☐ Yes (please state)	☐ No

Details of the EYFE provider that my child will be attending (note 14)	
Provider name	
Provider address	
Postcode	
Agreed start date at provider	(day/month/year)
Agreed start date of EYFE hours at provider	(day/month/year)

Pattern of attendance for the Government funded EYFE hours (see notes 6 and 9)

Complete as relevant:

Funding Type	**Total number of Government funded EYFE hours per week my child will access at this provider**
2 year old LA Issued EYFE*	
3 and 4 year old Universal EYFE	
9mths – 4 year old Working Families EYFE* (this includes 3 and 4 year old Extended EYFE)	

*For eligible families only.

Number of weeks per year **Government funded EYFE hours** will be used (note **8**)	

Please complete the table below with the **Government funded EYFE hours** for your child:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun	Total
Example AM	*3 hours*		*3 hours*		*3 hours*		*9 hours*
Example PM		*3 hours*	*3 hours*				*6 hours*
AM							
PM							

Total number of hours per week child attends (**Government funded + unfunded hours**)	

Providers that claim Government funding via the self-stretched method to confirm that:
The provider will claim ☐ hours per week on a term time basis, which when stretched will give you ☐ hours a week to use over ☐ weeks of the year, as reflected above.

Details of additional provider(s) where my child will be also accessing funded hours

Complete the information below if your child is splitting the EYFE across more than one provider. EYFE can be split between multiple providers, but your child can attend a maximum of two sites in one day (Notes **7 and 10**)

Provider name	**Provider full address (Including postcode)**	**Agreed start date of EYFE hours (dd/mm/yyyy)**	**Total number of EYFE hours per week child attends:**			**Number of weeks per year EYFE hours will be claimed**
			9mths to 2 year old EYFE (15 hours maximum)	**3 and 4 year old EYFE**		
				Universal (15 hours maximum)	**Extended**** (additional 15 hours maximum)	
1.						
2.						

****Extended EYFE -** If your child is splitting their EYFE across more than one provider, you must choose which provider(s) you wish to continue to use your Universal FE (15 hours) if you were to cease to meet the eligibility criteria for Extended FE (additional 15 hours). Please indicate this by splitting your total EYFE hours across the Universal and Extended FE boxes.

Declaration

I understand that:

- If I am accessing EYFE hours it must not be compulsory for me to pay for consumables such as nappies or sun cream and for services such as trips and yoga. These charges must not be a condition of access. I must be given options for reasonable alternatives which could include allowing me to supply my own, or waiving the cost of these items.
- Voluntary contributions are acceptable but must not be included in any invoice totals or added as a condition of access.
- Invoices and receipts issued by my chosen setting will be clear, transparent, and itemised allowing me to see that I have received my child's EYFE completely free of charge and I am able to understand any fees, paid for additional hours, or services.
- I can claim up to a maximum of 15 funded hours for my child per week, across 38 weeks in the year (570 hours per year). For the 3 and 4 year olds who are also eligible for Extended EYFE, I can claim an additional 15 hours each week, up to a maximum of 30 hours per week over 38 weeks (1140 hours per year). (Notes **9** and **11**).
- If I sign up with a provider, it is my intention to send my child for the funded hours as per the pattern of attendance completed on this form. It is fraudulent to sign up to more EYFE hours than my child is actually accessing (note **12**).
- I can request, via the provider, changes to the number of hours claimed, as long as this is done before the headcount date of each term. (Notes **13 and 15**).
- I must show the provider confirmation of my child's date of birth (note **1**).
- If eligible for Disability Access Fund, I must give the provider a copy (no originals) of paperwork to show my child is eligible and in receipt of Disability Living Allowance and have nominated only one provider of my choice to receive the one-off Disability Access Fund payment and will discuss how funds will be spent with my provider (note **4**).
- I must provide my name, date of birth and National Insurance or National Asylum Support Service number which will be used by the provider to check eligibility for Early Years Pupil Premium (EYPP), which is paid to the provider. I am aware of how to claim under the non-economic eligibility criteria. If eligible, EYPP and an additional supplement will only apply to the first 15 hours EYFE claimed (note **5**).
- If eligible for Working Families EYFE, I give the provider permission to verify my 11-digit eligibility code and provide my child's date of birth and my National Insurance number which will be used by the provider and the Local Authority to verify my eligibility code (note **3**).

Please read the statements below and tick each box to confirm

☐ I have completed **ALL** parts of this form in full, including details of any other providers where applicable.

☐ I confirm that I have been given a West Sussex County Council leaflet 'Free Entitlement, A guide for parents and carers by the Family Information Service' by my provider.

☐ I confirm I have seen a copy of the Privacy Notice.

☐ I will tell the provider if the arrangements or details on this declaration change (note **15**).

☐ I have a copy (or taken a photograph) of this completed and signed declaration for my own records.

This form will not be accepted as evidence to support claiming DAF or settle funding disputes without both the parent and provider signing and dating this declaration.

Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		

Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Information provided on this proforma will be held on a computer system registered under the General Data Protection Regulations (GDPR), 2018. This information is used by the Department for Education in monitoring the use of the funding.

Record of changes to name or address of child or parent/carer for whom the funded hours are claimed (must be attached to original form).

This section should only be used to record any changes to the child/parent or address information provided on the original Parent Declaration overleaf. Each change **must** be signed and/or dated by the parent and the provider where indicated.

I wish to notify you of a change to my child's name, my name and/or our address (please complete details as appropriate below):

Child's Details			
Child's new legal name (as shown in the child's ID reference)			
Forename			
Middle name(s)			
Surname			
Date of birth	(day/month/year)		
ID reference		☐ Passport	☐ Birth Certificate
Full home address			
Postcode			

Parent's Details			
Parent/carer's new legal name			
Forename			
Middle name(s)			
Surname			
Date of birth	(day/month/year)		
ID reference		☐ Passport	☐ Birth Certificate
Full home address			
Postcode			

Signatures (required)			
Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		

Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Note to Provider: Please ensure any changes are updated via the Online Provider Portal when you next submit your child-level headcount claim for this child.