**Parental declaration form for Early Years Funding 2025/26**

**Step 1: Your child’s details – parents/carers to complete**

|  |  |
| --- | --- |
| **Child’s Surname** |  |
| **Child’s Forename** |  |
| **Name by which child is known****(if different from above)** |  |
| **Date of Birth** |  |
| **Sex**  |  |
| **Address** |  |

**Your child’s ethnic group (please select appropriate category from the choice below)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British | **WBR** |[ ]  White & Black/Black British Caribbean | **MWBC** |[ ]  Indian/British Indian | **AIND** |[ ]
| White Irish | **WIRI** |[ ]  White & Black/Black British African | **MWBA** |[ ]  Pakistani/British Pakistani | **APKN** |[ ]
| Traveller of Irish Heritage | **WIRT** |[ ]  White & Asian/Asian British  | **MWAS** |[ ]  Bangladeshi/British Bangladeshi | **ABAN** |[ ]
| Gypsy/Roma | **WROM** |[ ]  Any other mixed background | **MOTH** |[ ]  Any other Asian/Asian British background | **AOTH** |[ ]
| Any other White background | **WOTH** |[ ]  Black/Black British Caribbean | **BCRB** |[ ]  Chinese/British Chinese | **CHNE** |[ ]
| Refused to provide | **REFU** |[ ]  Black/Black British African | **BAFR** |[ ]  Any other background | **OOTH** |[ ]
| Info not obtained | **NOBT** |[ ]  Any other Black/Black British background | **BOTH** |[ ]   |  |  |

**Step 2: Your details – parents/carers to complete**

Parent/Carer details are needed to make eligibility, or validation checks for extended/expanded entitlement, Early Years Pupil Premium, and/or Disability Access Funding. Completing this section and signing this form gives us permission to use your details to make these checks. Your personal information will be kept by your provider in accordance with their Data Protection policies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer 1** |  | **Parent/Carer 2** |  |
| **Surname** |  | **Surname** |  |
| **Forename** |  | **Forename** |  |
| **Date of Birth** |  | **Date of Birth** |  |
| **National Insurance Number or Asylum Support Reference Number** |  | **National Insurance Number or Asylum Support Reference Number** |  |

**Step 3: Your child’s eligibility – parents/carers to complete with provider assistance**

Please select which entitlement(s) you will be using. If your child is two-years-olds and eligible for both entitlements, you should use the entitlement for children from two-years-old receiving some additional forms of support first.

|  |  |
| --- | --- |
|  | **Please insert code/tick here** |
| Entitlement for children from two-years-old in families receiving additional forms of support:* If parents/carers live in England and are in receipt of certain benefits.
* If a child is looked after by a local authority, has an EHC plan, gets Disability Living Allocation or has left care under an adoption order, special guardianship order or a child arrangements order.
 |  |
| Working parent entitlement for children from nine months old. |  |
| Universal entitlement for three- and four-year-olds. |  |

**Your provider could receive extra funding for your child if certain criteria are met, please opt in by ticking the boxes below if they apply to you or your child:**

The Disability Access Fund (DAF) is used to help providers to make reasonable adjustments in their settings, either to support an individual child, or for the benefit of all children attending the setting. Your provider will need to see a copy of the letter confirming your child’s eligibility. If your child attends more than one provider, please nominate one setting to receive the annual DAF payment.

|  |  |
| --- | --- |
| Is your child in receipt of Disability Living Allowance? Selecting Yes will enable your chosen provider to submit an application for DAF. | [ ] Yes [ ] No |
| If your child is eligible, who will be your Nominated Provider? |  |

Early Years Pupil Premium (EYPP) is paid to childcare providers to provide extra support for your child. EYPP can be used to improve teaching and learning facilities and resources to impact positively on your child’s progress and development. Selecting ‘Yes’ may enable your chosen provider to receive the EYPP.

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| --- | --- | --- |
|  | **Yes** | **No** |
| Are you in receipt of Universal Credit? |  |  |
| Is your child current looked after by a local authority/have they ever been looked after by a local authority in England or Wales? |  |  |
| Are you an asylum seeker receiving support under Part Six of the Immigration and Asylum Act 1999?  |  |  |

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| If your child is eligible, who will be your Nominated Provider? |
|  |

**Step 4: Setting and attendance details – parents/carers to complete**

You need to agree and complete this declaration form with each setting your child attends for their funded entitlement to ensure that funding is paid ~~a~~ccurately to each setting. Your provider should help you to complete this section.

Your child can attend a maximum of two settings in a single day. The maximum number of hours they can access in any funding period is shown below. This total is across all settings.

|  |  |  |
| --- | --- | --- |
| **Funding period** | **Non-stretched (term time)** | **Stretched** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total Hours** | Total weeks | Maximum hours per week | **Total Hours** | Total weeks | Maximum hours per week |
| **Autumn** **1 September-31 December** | **210** | 14 | 15 | **182.4** | 16 | 11.4 |
| **Spring** **1 January-31 March** | **165** | 11 | 15 | **148.2** | 13 | 11.4 |
| **Summer** **1 April-31 August** | **195** | 13 | 15 | **239.4** | 21 | 11.4 |

|  |  |  |
| --- | --- | --- |
|  | **570 hours = 38 weeks @ 15 hours** | **570 hours = 50 weeks @ 11.4 hours** |

|  |  |
| --- | --- |
| **Setting name** | Hartford Infant and Preschool 143870 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Funding Period** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total no. of hours per week** | **Total weekly charge** | **No. of weeks per year (e.g. 38, 50)** | **Parent/Carer signature and date for changes agreed with provider** |
| **Autumn** | **Total funded entitlement hours attended per day** |  |  |  |  |  |  | **N/A** |  |  |
|  | **Total additional chargeable hours per day** |  |  |  |  |  |  |  |  |  |
|  | **Total daily hours attended** |  |  |  |  |  |  |  |  |  |
| **Spring** | **Total funded entitlement hours attended per day** |  |  |  |  |  |  | **N/A** |  |  |
|  | **Total additional chargeable hours per day** |  |  |  |  |  |  |  |  |  |
|  | **Total daily hours attended** |  |  |  |  |  |  |  |  |  |
| **Summer** | **Total funded entitlement hours attended per day** |  |  |  |  |  |  | **N/A** |  |  |
|  | **Total additional chargeable hours per day** |  |  |  |  |  |  |  |  |  |
|  | **Total daily hours attended** |  |  |  |  |  |  |  |  |  |

To complete if your child attends more than one setting:

|  |  |  |
| --- | --- | --- |
| **Setting name:** | **Total funded entitlement hours attended per day** | **Total no. of hours per week** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **My child’s main setting is:** |  |

To note: the maximum number of funded hours your child can receive is:

1. for two-year-olds in families receiving additional forms of support: 15 hours a week for 38 weeks of the year.
2. for children aged from nine months of eligible working parents:15 hours a week for 38 weeks of the year (this will increase to 30 hours from September 2025). For three- and four-years-old this can be combined with the entitlement below to a maximum of 30 hours.
3. for all three- and four-year-olds: 15 hours a week for 38 weeks of the year.

**Step 5: Parent/Carer/Guardian with legal responsibility declaration**

I confirm that the information I have provided is accurate and true. I understand and agree to the conditions set out in this document and I authorise the setting named in Step 4 to claim the funded entitlement as agreed on behalf of my child.

I understand that the data collected in this form will be shared with my chosen provider and the local authority.

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare provider** |
| Signed:  | Signed: |
| Print name: | Print name: |
| Date: | Date: |

Cambridgeshire County Council is collecting your data for the purposes of checking your eligibility for the funded entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), in accordance with its statutory functions under the Childcare Acts 2006 and 2016, and the School Standards and Framework Act 1998.

**Please refer to the Parent Carer Funding Information 2025/26 for more information.**

**Step 6: Document check – provider to complete**

This declaration is evidence of the claim and must be retained for 6 years to complete submissions and for future reference, including auditing. You may be asked by the local authority to produce evidence of a claim at any time. When a child is eligible for EYF, you must see an original document to confirm proof of eligibility. Please check names and dates of birth match those shown on the child’s legal documents.

|  |  |
| --- | --- |
| **Documentary proof of Date of Birth type** **(e.g. birth certificate, passport)** |  |
| **Full Legal name of the child as shown on the document** |  |
| **Child’s Date of Birth** |  |
| **Document recorded by** **(name of staff member)** |  |
| **Date document recorded** **(dd/mm/yyyy)** |  |
| **Working parent eligibility code, if applicable****(e.g. starting 50, 11, or 40)** |  |
| **Funded two-year-old authorisation code, if applicable****(e.g. starting with EWB)** |  |
| **Disability Living Allowance letter seen (if applicable)** |  |