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**Parental Agreement Form**

All parents of eligible children who access a government funded place must complete this Parental Agreement Form to authorise their chosen early years childcare provider to claim for the government funded entitlement on their behalf and use their personal data.

**Your early years childcare provider will need to see proof of your child’s date of birth.**

To authorise your childcare provider to claim up to 15 hours per week of 2-year-old disadvantaged funding, where parents are in receipt of some form of government support or the child is in local authority care, or left care you must have applied through North Yorkshire Council [Early years funding for 2 year olds | North Yorkshire Council](https://www.northyorks.gov.uk/children-and-families/early-education-and-childcare/early-years-funding-2-year-olds) and shown your childcare provider the letter from NYC confirming your child’s eligibility.

To authorise your childcare provider to claim up for 15 weekly hours of Working Family expanded childcare for: 2-year-old (From April 2024), Under 2-year-old (From September 2024) and 3- & 4-year-old, your child must meet the date of birth criteria, and the eligibility code must fall within the valid date range. Full details available here: [Childcare Choices | 30 Hours Childcare, Tax-Free Childcare and More | Help with Costs | GOV.UK](https://www.childcarechoices.gov.uk/)

Foster carers, who are employed, in addition to foster care work, may be eligible for Working Family expanded childcare – please contact your social worker to discuss how you apply.

Government funding can be offered term time only or can be stretched which is at the discretion of the childcare provider.

Your provider must have explained their funded offer and any additional charges.

**A child attending a maintained school reception class will not be eligible for early years government funding.**

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 school term (summer) on or after 1 April |
| 1 April to 31 August | The beginning of the school term (autumn) on or after 1 September |
| 1 September to 31 December | The beginning of the school term (spring) on or after 1 January |

**Information on North Yorkshire childcare services**

Contact: Families Information Service: [**fis.information@northyorks.gov.uk**](mailto:fis.information@northyorks.gov.uk)

NYC Website: [Children and families | North Yorkshire Council](https://www.northyorks.gov.uk/children-and-families)

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

[CYPS general privacy notice | North Yorkshire Council](https://www.northyorks.gov.uk/your-council/transparency-freedom-information-and-data-protection/privacy-notices/cyps-general-privacy-notice)

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

<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

|  |
| --- |
| Parental Agreement:Funded Early Years Provision for 2 Year Olds (15hrs funded max) |

|  |  |
| --- | --- |
| **Name of Provider** | Richmond Methodist Primary and Nursery School |

**Section 1 - Child Details**

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

|  |
| --- |
| **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** | | |  | |

**Section 2 –Weekly attendance and claim details (funded 15hrs if applicable).**

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Options for Weekly Attendance**

**15 funded Hours - I am entitled to 15 hours per week:**

There are a few options of how you can use your 15 hours. Please enter 1-4 in the below boxes in order of preference (1 being your first and most favourable option, 4 being your last option);

Every Morning Session Monday to Friday (9am-12pm)

Every Afternoon Session Monday to Friday (12pm-3pm)

All Day Monday & Tuesday (9am-3pm) and Wednesday Morning (9am-12pm)

Wednesday Afternoon (12-3pm), All Day Thursday and Friday (9am-3pm)

**No funded hours received – pay per session £16.50 am 9am-12pm or 12pm-3pm**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enter weekly hours for this Provider** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total** |
| AM Session 9am-12pm £16.50 per session |  |  |  |  |  |  |
| PM Session 12pm-3pm £16.50 per session |  |  |  |  |  |  |

**Additional Wrap Around Care**

If you require any wrap around care this is charged as follows; 8am-9am £5.50, 3pm-3.30pm £2.75 and 3.30pm-5.30pm £11.00.

Please complete the table below if wrap around care is required for your child:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enter weekly hours for this Provider** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total** |
| Before school (8am-9am) £5.50 per session |  |  |  |  |  |  |
| 3-3.30pm £2.75 per session |  |  |  |  |  |  |
| After School (3.30pm-5.30pm) £11.00 per session |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
| **Attendance at another Provider if applicable including holiday provision** | | | | | | |
| **Name of Provider** | | | | | | |
| Number of funded hours claimed at other provider |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
| I consent to Richmond Methodist School claiming for the maximum amount of funding I am entitled, minus any attendance at another provider, in order to increase my hours if required.  If consent is not obtained, any increase to hours will be chargeable until the following term. (Please indicate Yes or No) | Yes | | | No | | |

Charges

An invoice for the chargeable sessions will be sent to parents monthly in advance and must be paid by the 7th of the month. Late payment will incur additional charge of 20% and non payment will result in the termination of the contract with immediate effect unless an individual agreement has been arranged.

There will be no refunds (full or part) for non attendance of chargeable sessions. Please see our website for our full Charging Policy.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 using the 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 |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Telephone Number |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| 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 |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | |  |  | |  |
| 15 Hours Eligibility 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 15 funded hours (if eligible).
5. I authorise the named provider to validate the 15-hour eligibility code if provided.
6. I understand that if I cease to meet the 15-hour eligibility criteria, I will continue to receive extended entitlement for the “grace period” only at my current provider only.
7. I authorise Richmond Methodist School to follow my instruction on claiming the maximum amount of early years funding I am entitled to. I understand this option is available to ensure I have provision for this many hours on a weekly basis and if I do not consent, any increase to hours will be chargeable until the following term. If I use another provider, I will inform Richmond Methodist School so that funding claims can be amended.
8. 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.
9. I authorise North Yorkshire County Council to exchange information about my child’s take-up of the entitlement.
10. 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.
11. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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*

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