Parental Agreement Form

All parents of eligible 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

NYCC Website: 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 tochildcare 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 quardianship 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

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

Name of Provider	Richmond Methodist Primary and Nursery School

Section 1 - Child Details

have a 30 Hour Code:

You can use your total of 30 hours Monday to Friday (9am-3pm). Tick for this option.

Legal Forename	е	L	_ega	al Sur	name					
Middle Name		F	Pref	erred	Surname					
Address includ	ing									
postcode										
Date of Birth		Gender				SEN S	tage			
		Ethnic	с Ва	ackgr	ound					
		ory requirement from the Dep	artm	ent for	Education				sus.	
<u> </u>	you do no WBRI	ot wish to have this information White British	n re	cordec	l please ticl	the appro	priate bo	x below.	1 1	
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White	WIRI	White Irish		\dashv	Asian British	APKN	Pakista			
white	WIRT	White Traveller of Irish Heritag	je	_	Dillion	ABAN AOTH	Banglad			
	WROM	White Gypsy/Roma						er Asian background		
	WOTH	Any other White background				MWBC		nd Black Caribbean		
Black or Black	BCRB	Caribbean			Mixed	MWBA		nd Black African		
Caribbean	BAFR	African		\dashv		MWAS		nd Asian		
	BOTH	Any other Black background				MOTH	Any oth	er Mixed background		
Other	CHNE	Chinese			I do not wi	ish an othn	ic backar	ound to be		
Background	OOTH	Any other ethnic background			recorded	isii ali etiili	ic backgi	ourid to be		
financial year (Apr Is your child eligible Please pominate to	le and in r	receipt of DLA? early years provider that you	YE	_	NC ame of nor		ovider			
to claim for the DA		any years provider that you t	WISII		anie or nor	illialeu Fil	Muei			
ection 2 –Weekly	y attenda	ance and claim details (u	ıniv	ersal	15hrs and	l extende	d 15hrs	if applicable).		
ptions for Week	ly Attend	dance								
Universal Hour	rs - I am	entitled to only 15 hours	pei	r weel	« :					
		v you can use your 15 hours. option, 4 being your last opti		ase en	ter 1-4 in th	e below bo	oxes in o	rder of preference (1	being	
ery Morning Sessi	on Monda	ay to Friday (9am-12pm)								
ery Afternoon Ses	sion Mon	day to Friday (12pm-3pm)								
Day Monday & Tu	uesday (9a	am-3pm) and Wednesday Mo	ornin	ıg (9an	n-12pm)					
ednesday Afternoc	on (12-3pr	m), All Day Thursday and Frid	day (9am-3	pm)]				
						_				

Additional Wrap Around Care

If you require any wrap around care this is charged as follows; 8am-9am £4, 3pm-3.30pm £2 and 3.30pm-5.30pm £8. Please complete the table below if wrap around care is required for your child:

Start Date:						
Enter weekly hours for this Provider	Mon	Tue	Wed	Thu	Fri	Total
Before school (8am-9am)						
3-3.30pm						
After School (3.30pm-5.30pm)						
Total						
Attendance at another Provider if applicable including holiday	provisio	n				
Name of Provider						
Number of universal hours claimed at other provider						
Number of extended 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 E			ig can only be given	1		
	Parent/Ca	rer 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						
30 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 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 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 h	ave read, and agree to a	Il of the points in the declaration	above.	
	Parent/Carer		-	Doto	
	Signature:			Date:	
	Print Name:				
	Provider Signature:			Date:	
	Print Name:				
	Job role:				
	r further informati bsites:	on about how the NYCC	and/or Department for Education	store and use this	data please go to the following
	http	s://www.northyorks.gov.u	ık/sites/default/files/fileroot/About	t%20the%20cound	cil/Transparency%20and%20fr
	<u>eed</u>	om%20of%20information	n/CYPS%20General.pdf		
			<u>/researchandstatistics/datatdatan</u>		
	<u>http</u>	s://ico.org.uk/for-organisa	tions/guide-to-data-protection/pri	nciple-3-adequacy	<u>'/</u>
Fo	r Childcare Pro	vider use only			
Т	erm funding beg	gins			
Е	vidence of Birth	Certificate.			

Document Reference: