

# 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](mailto: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 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**

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

<b>Name of Provider</b>	Richmond Methodist Primary and Nursery School
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**Section 1 - Child Details**

<b>Legal Forename</b>		<b>Legal Surname</b>	
<b>Middle Name</b>		<b>Preferred Surname</b>	
<b>Address including postcode</b>			
<b>Date of Birth</b>		<b>Gender</b>	
			<b>SEN Stage</b>

**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.

<b>White</b>	WBRI	White British	<input type="checkbox"/>	<b>Asian or Asian British</b>	AIND	Indian	<input type="checkbox"/>
	WIRI	White Irish	<input type="checkbox"/>		APKN	Pakistani	<input type="checkbox"/>
	WIRT	White Traveller of Irish Heritage	<input type="checkbox"/>		ABAN	Bangladeshi	<input type="checkbox"/>
	WROM	White Gypsy/Roma	<input type="checkbox"/>		AOTH	Any other Asian background	<input type="checkbox"/>
	WOTH	Any other White background	<input type="checkbox"/>		<b>Mixed</b>	MWBC	White and Black Caribbean
<b>Black or Black Caribbean</b>	BCRB	Caribbean	<input type="checkbox"/>	MWBA		White and Black African	<input type="checkbox"/>
	BAFR	African	<input type="checkbox"/>	MWAS		White and Asian	<input type="checkbox"/>
	BOTH	Any other Black background	<input type="checkbox"/>	MOTH		Any other Mixed background	<input type="checkbox"/>
<b>Other Background</b>	CHNE	Chinese	<input type="checkbox"/>	<b>I do not wish an ethnic background to be recorded</b>			<input type="checkbox"/>
	OOTH	Any other ethnic background	<input type="checkbox"/>				

**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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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 (universal 15hrs and extended 15hrs if applicable).**

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

**Options for Weekly Attendance**

**15 Universal Hours - I am entitled to only 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)

**15 Universal & Extended Hours - I am entitled to 15 universal hours per week plus 15 extended hours and have a 30 Hour Code:**

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

## 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:

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 provision						
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

<p>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.  <b>30 Hours Eligibility Codes</b> can only be checked using the parent details who created the childcare services account on the HMRC website.  <b>Early Years Pupil Premium</b> 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.  <b>Please note: If a child is eligible for Early Years Pupil Premium, the funding can only be given based on the Universal hours.</b></p>																		
	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																		
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 have read, and agree to all of the points in the declaration above.			
<b>Parent/Carer Signature:</b>		<b>Date:</b>	
<b>Print Name:</b>			
<b>Provider Signature:</b>		<b>Date:</b>	
<b>Print Name:</b>			
<b>Job role:</b>			

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*

<b>Term funding begins</b>	
<b>Evidence of Birth Certificate. Document Reference:</b>	