

 **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), 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/)

All families of children aged 3-4 years are eligible for up to 15 universal hours per week which parents do not need to apply for this.

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**

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/>

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| **Notice to childcare provider:** This agreement is for the North Yorkshire Early Years registered childcare provider to collect information from the Parent/Carer of the funded child to enable a claim to be made for early years government funding. Once completed, this Parental Agreement MUST be available to the local authority for audit purposes. The childcare provider has a data protection responsibility to inform parents why we need their information and how we are going to use it. **The retention period for a Parental Agreement is 6 years.** |
| Parental Agreement:Funded early years childcare for eligible children who are, 2-Year-Olds (15hrs max per/wk.), 3- & 4-Year-Olds -15hrs or 30hrs/wk. |

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| **Name of Provider**  | Barkston Ash Nursery School |

**Section 1 - Child Details**

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

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|  **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. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |
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**SECTION 2 –** **Weekly attendance and claim details (converted to term time only for stretched funding).**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter number of weekly hours for this Provider** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total** | **Number of funded weeks** |
| Universal funded hours (3&4yo only) |  |  |  |  |  |  |  |
| Working Family Expanded hours (if eligible) |  |  |  |  |  |  |  |
| Non-Funded hours (paid for by parent) |  |  |  |  |  |  |  |
| Total funded hours (term time only) |  |  |  |  |  |  |  |
| \*Stretched funding pattern if your child’s hours are being stretched enter the actual funded sessions |  |

 \* The provider is responsible for making an accurate funding claim on behalf of the parent and must ensure the parent understands the limitations of taking up stretched funding and agrees to the appropriate terms and conditions.

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| **Please state child’s attendance at another provider, if applicable including holiday provision.**If splitting the government funding, ensure that you notify all childcare providers, making it clear where the funded hours should be claimed. |
| **Name of second Provider** |
| **Enter number of weekly hours for this Provider** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total** | **Number of funded weeks** |
| Universal hours (3&4yo only) claimed at another provider  |  |  |  |  |  |  |  |
| Working Family Expanded hours claimed at another provider  |  |  |  |  |  |  |  |
| Total funded hours  |  |  |  |  |  |  |  |
| Stretched funding pattern, if your child’s hours are being stretched, enter the actual funded hours |  |
| **Disability Living Allowance (DLA) and Disability Access Funding (DAF)**Funded 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 £910 per eligible child, and paid annually to the child’s nominated early years childcare  |
| Is your child eligible and in receipt of DLA?  | YES |  | NO |  |  |
| Please nominate the main early years provider that you wish to claim for the DAF. | Name of nominated provider: |
| **Early Years Pupil Premium for funded children** The Early Years Pupil Premium (EYPP) is additional funding provided by the government to early years settings, such as nurseries and childminders, to support the development and learning of some children by providing extra resources to support their early education. To qualify for EYPP, a child must be attending an early years childcare, and their family must meet certain criteria, such as being eligible for free school meals, being looked after by the local authority, or being adopted from care. By completing the Parental Agreement, you are giving your permission for checks to be made using your NI/NASS number, DOB and surname. Where EYPP is allocated to children who are in local authority care or have been adopted, childcare providers will have access to the reason for the EYPP allocation. Your childcare provider will discuss with you how this additional funding will be used to enhance your child’s development.  |
| Name of local authority that the child is currently under the care of: |  |
| Name of local authority, if child has left care adopted, SGO, child arrangement order – evidence is required |  |

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

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| The sections below must be completed to enable the named Early Years childcare provider to check and claim, if applicable, for the correct number and type of hours. **2-year-old funding** – Claims can only be made for either Disadvantaged **or** Working Family funding **not both**. **Working Family Eligibility Codes** can only be checked usingthe parent details who created the childcare services account on the Gov website. **Early Years Pupil Premium** economic checks can only be made using the parent details of the person named on a Tax Credit Award Form or Letter from the Department for Work and Pensions. Evidence may be required for LAC/Children who have left care.  |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| **Parent/carer first name** |  |  |
| **Parent/carer surname** |  |  |
| **Parent/carer Date of Birth****Please provide to allow checks to be made for EYPP** | DD | MM | YYYY | DD | MM | YYYY |
| **National Insurance Number or NASS Number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Working Family Eligibility 11-digit Code**  |  |  |  |  |  |  |  |  |  |  |  |
| **2-year-old 6 digit NYC Voucher Code, if eligible** |  |

**Section 4 – Parental Declaration**

1. I confirm that the details stated on this form are correct.
2. I confirm that my child is not attending a reception class in a maintained/academy school.
3. I accept that I must discuss any change in my child’s funded hours during a term with all Early Years childcare providers that my child attends.
4. I understand that I cannot claim my entitlement across more than 2 sites in one day.
5. I understand that I cannot claim more than the weekly maximum of up to 30 funded hours for 3- & 4-year-olds (if eligible) and up to 15 hours for under 2’s, and 2-year-olds.
6. I understand that my funded hours cannot exceed 10 hours per day and can be accessed between 8:30 – 6pm.
7. I authorise the named provider to validate the Working Family eligibility code, if provided.
8. I understand that if I cease to meet the Working Family eligibility criteria, I will continue to receive expanded entitlement for the “grace period” only at my current provider.
9. I authorise North Yorkshire 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.
10. I authorise North Yorkshire Council to exchange information about my child’s take-up of the entitlement.
11. I authorise North Yorkshire Council to check my eligibility for 2yo funding (where applicable) and use my details should I be in receipt of a 2-year-old NYC confirmation letter to confirm my eligibility.
12. I authorise North Yorkshire Council to check my eligibility for Early Years Pupil Premium enabling the appropriate funding to be paid to my Early Years childcare provider based on 15 universal (3&4yo) and 15 funded hours for under 2’s and 2-year-olds only.
13. I understand that Early Years childcare 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. Information may be provided to other agencies where necessary for the purpose of the prevention or detection of crime.

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| **I confirm that I have read and agree to all points in the declaration above.** |
| **Parent/Carer Signature:** |  | **Date:** |  |
| **Print Name:** |  |
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| **Provider Signature:** |  | **Date:** |  |
| **Print Name:** |  |
| **Job role:** |  |