



BEDFORD BOROUGH COUNCIL

(Please do not alter this form)

**PARENT / CARER DECLARATION FORM FOR EARLY YEARS ENTITLEMENTS (EYE)****AUTUMN 2025**

This agreement is between the parent/carer and the early years provider. It allows the provider to collect information from the parent/carer of the funded child to enable a claim to be made for EYE.

My child is funded at the following providers this term:		Universal (U) or Extended (E)	Please enter total hours <b>ATTENDED</b> for each day					Total no. of <b>ATTENDED</b> hrs per week	Term Time only or stretched
			Mon	Tue	Wed	Thu	Fri		
This provider:		U / E							TTO / S
Other provider(s):		U / E							TTO / S
		U / E							TTO / S
Total daily <b>FUNDED</b> hours attended (no more than 10 hours per day):									
Funded Entitlement Weeks (38 weeks or setting's individual stretched offer):				Is the child Looked After by the Local Authority?					<b>Y / N</b>

<b>CHILD'S DETAILS</b> - I have shown the provider proof of my child's current address and date of birth.			
Forename		Address Line 1	
Middle Name		Address Line 2	
Legal Surname		Address Line 3	
Date of Birth		Town	
Gender	Male / Female	County	
Preferred Surname		Postcode	

Please tick the appropriate box below to state whether your child has a Special Educational Need (SEN)			
No Special Educational Needs (SEN)	<input type="checkbox"/>	SEN Support	<input type="checkbox"/>
		Education Health and Care Plan (EHCP)	<input type="checkbox"/>

<b>DISABILITY ACCESS FUND (DAF)</b>	
Children who are in receipt of Disability Living Allowance (DLA) and are receiving the funded entitlement are eligible for DAF. Funds are paid to your childcare provider at a fixed annual rate of £938; this enables your childcare provider to make reasonable adjustments in the setting to support your child. <b>You must provide evidence of the Department for Work and Pensions (DWP) letter with this form to receive the funding.</b>	
Is your child in receipt of DLA? Yes / No	If your child is splitting their funded entitlement across 2 or more providers, please nominate the main setting where the Local Authority should pay the DAF. Main setting .....

<b>CHILD'S ETHNIC GROUP</b> (Please tick one of the boxes below)					
<b>White</b>	- British (WBRI)	<input type="checkbox"/>	<b>Asian or Asian British</b>	- Indian (AIND)	<input type="checkbox"/>
	- Irish (WIRI)	<input type="checkbox"/>		- Pakistani (APKN)	<input type="checkbox"/>
	- Traveller of Irish Heritage (WIRT)	<input type="checkbox"/>		- Bangladeshi (ABAN)	<input type="checkbox"/>
	- Gypsy/Roma (WROM)	<input type="checkbox"/>		- Any other Asian background (AOTH)	<input type="checkbox"/>
	- Italian (WITA)	<input type="checkbox"/>		- Caribbean (BCRB)	<input type="checkbox"/>
	- White other (WOTH)	<input type="checkbox"/>	<b>Black or Black British</b>	- African (BAFR)	<input type="checkbox"/>
<b>Mixed</b>	- White and Black Caribbean (MWBC)	<input type="checkbox"/>		- Any other black background (BOTH)	<input type="checkbox"/>
	- White and Black African (MWBA)	<input type="checkbox"/>	<b>Chinese (CHNE)</b>		<input type="checkbox"/>
	- White and Asian (MWAS)	<input type="checkbox"/>	<b>Any other ethnic background (OOTH)</b>		<input type="checkbox"/>
	- Any other Mixed background (MOTH)	<input type="checkbox"/>	<b>Prefer not to say (REFU)</b>	<input type="checkbox"/>	<b>Not obtained (NOBT)</b>

(Please do not alter this form)

I confirm the named child is eligible for either; funding for families receiving additional support (2 year olds) and/or working family entitlement (from 9 months old). I authorise this provider to pass my code to Bedford Borough Council to allow checks for my eligibility. **Eligibility Code:**

**PARENT / CARER WITH PARENTAL RESPONSIBILITY – please complete all sections.**

Entering Parent/Carer details enables us to check if your child is eligible for EYE, Early Years Pupil Premium (EYPP) or Pupil Premium (PP). EYPP is paid to childcare providers to provide extra support for your child; it can be used to improve teaching and learning facilities and resources to impact positively on your child's progress and development.

Parent / Carer Details (1)		Parent / Carer Details (2)	
Forename		Forename	
Surname		Surname	
Date of Birth		Date of Birth	
Email		Email	
Contact Number		Contact Number	
National Insurance or NASS No.		National Insurance or NASS No.	

I authorise this provider to pass on my details to Bedford Borough Council to allow checks for my eligibility to EYPP, PP and EYE, enabling the appropriate funding streams to be paid to my provider. I have seen a copy of the Privacy Statement - [www.bedford.gov.uk/gdprprivacy](http://www.bedford.gov.uk/gdprprivacy) - Eligibility for EYE.

**I, the parent / carer understand the following:**

- I am responsible for ensuring that my child uses the funded hours applied for on a regular weekly basis and understand that if my child does not attend on a regular weekly basis the funding may be withdrawn.
- A maximum of 10 hours may be taken in any one day, in ¼ hour (0.25) blocks and a maximum of 15 hours, or 30 hours if eligible, per week. A maximum of 2 providers can be used in one day. Hours may only be taken between 6am and 8pm. Any hours my child attends over the entitlement will be charged to me by the childcare provider.
- When my child starts reception class, I am not able to claim funding at any other provider if the school has a staggered start date.
- Optional additional services such as meals, snacks, drinks, trips and extra activities such as music, dance etc., are not covered by the EYE and the provider may make additional charges. It is my responsibility to ask whether charges apply before using the additional services and I will have to pay fees for these services if I want to receive them.
- I can expect to receive a clear and transparent invoice, showing funded hours and all expenses from my childcare provider.
- If my child attends more than one provider, ALL providers, and the total number of hours I wish to claim at each provider, have been listed on this form.
- That if I opt to access the funding on a stretched offer, for the hours to remain the same each week, I must sign up for 1 year (3 terms), otherwise I may risk using all my entitlement before the end of the 3<sup>rd</sup> term. This could mean I may have to pay for any hours over and above the entitlement. If my child is starting school or a term time only setting and has previously had a stretched entitlement, I may not have enough entitlement for the last term of funding.
- If I cease to meet the working family eligibility criteria, I will continue to receive funding for the "grace period" only as long as I remain at the current provider.
- Funding may be withdrawn from a setting if the setting receives two inadequate inspection outcomes from Ofsted.
- I agree that if my child's funded hours increase during the term, I will fill in and sign a new parent declaration form.
- If I have given any false information on this form, I may be asked to reimburse the provider. I confirm the details stated on this form are correct.

**Please return this form to your provider**

<b>Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
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**Data Protection:** All information you send us will be kept strictly confidential and used only by Bedford Borough Council. It will not be shared with any other individual or organisation. I authorise this provider to pass on my details to Bedford Borough Council to allow checks for my eligibility to Early Years Pupil Premium (EYPP) / Funding for 2 Year Olds / 30 Hours Childcare as required, enabling the appropriate funding streams to be paid to my provider. I have seen a copy of the Privacy Statement - [www.bedford.gov.uk/gdprprivacy](http://www.bedford.gov.uk/gdprprivacy) - Eligibility for Early Years Entitlements

**ELIGIBLE DATES OF BIRTH: 1 SEPTEMBER 2020 TO 30 NOVEMBER 2024**