(Please do not alter this form)



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

SPRING 2026

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:			Universa or Extende	Or ATTENDED						Total no. of ATTENDED hrs per week	DED only or		
						Mon	Tue	Wed	Thu	Fri			
This provider:				U /	E							TTC	D / S
·				U /	E							TTC	D / S
Other provider(s):				U /	Е							TTC) / S
Total daily FUNDED ho	ours attended (i	no more th	an 10 h	ours per	day):								
Funded Entitlement Week	ks (38 weeks or s	etting's indi	vidual str	retched off	fer):): Is the child			oked Afte	r by the	e Local Authority?	,	Y/N
CHILD'S	DETAILS - I	have sho	wn the	provide	er prod	of of m	y child	's curre	nt addr	ess ar	nd date of birt	h.	
Forename						Addres							
Middle Name						Address Line 2							
Legal Surname						Address Line 3							
Date of Birth					7	Town							
Gender	Male	Male / Female				County							
Preferred Surname					F	Postco	de						
Please tick the	e appropriate	box belo	ow to s	state wh	ıethei	r your	child l	nas a S	pecial	Educ	ational Need	(SEN)
No Special Educational Needs (SEN)			5	SEN Sup	port	ort Educ			on Hea	lth an	d Care Plan (EHCF	P)
DISABILITY ACCE Children who are in r DAF. Funds are paid make reasonable adj Work and Pensions Is your child in rece	eceipt of Disa d to your child justments in the (DWP) letter eipt of	bility Livir care prov ne setting with this	rider at to sup s form d is sp	a fixed a port you to receivable to	annua ur child ive th t heir f	al rate on the desiration of t	of £938 must ling.	B; this e provide	nables e evide across	your o	childcare provont the Departion of the Departion of the Departion of the Department	ider to ment i	for
DLA? nominate the main setting where the Local Authority should pay the DAF. Yes / No Main setting													
CHILD'S ETHNIC G	ROUP (Please	e tick one	of the	boxes b	pelow))							
- British (V				ТпТ				- India	η (ΔΙΝΙΓ))			
- Irish (WIF				\perp			L	maia	II (MIINE	<u>') </u>			

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

(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 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.				
Lauthorise this provider to pass on my details to Redford Borough	Council to allow checks for my eligibility to EVPP_PP and EVE_enabling				

I, the parent / carer understand the following:

Eligibility for EYE.

• 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.

the appropriate funding streams to be paid to my provider. I have seen a copy of the Privacy Statement - www.bedford.gov.uk/gdprprivacy

- 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 3rd 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. It is my responsibility to keep my funding code up to date and renew it each term. My setting will let me know if my code enters into its grace period and needs to be renewed before it runs out.
- 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							
Signature:	Print Name:	Date:					

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 - Eligibility for Early Years Entitlements