Parental and Legal Responsibility Declaration for the Free Funding Entitlement Form

Data Protection Act

Your child's Provider is responsibility for keeping this form and information as part of their record keeping. The organisations stated within this form will store the information on a secure data base. The DfE has required LA's to collect information on the ethnicity of eligible Children attending early years Providers. Enfield Council requires the below information to ensure that all children who receive the Free Entitlement for three and four-year olds are entitled to it.

Enfield Council requires the below information to ensure that all children who receive the Free Entitlement for three and four-year olds are entitled to it. An incomplete or incorrectly completed form could result in the loss of your child's funding, or funded place.

Your Provider is required to collect your data for the purposes of checking your eligibility for the 2-year-old, or 3 & 4-year-old universal and extended free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Enfield Council is exercising the function of a government department. Enfield Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.

Name of provider:

Child's details

Child's full name (Registered on Birth Certificate or Passport)							
Name which the child is known (if different from above)							
Address that child currently resides in:							
				D -	-1 O1		
Data of hinth		Canadan		Po	st Code:		
Date of birth		Gender					
	cument provided for proof of child's da	ate of birth	: Bir	rth Certificate [□ Pas	sport \square	
Те	rrific Two Unique Reference Number:						
30 hours eligibility code:							
Parent / Carer details		1					
	Parent / Carer	Parent / Carer (optional)					
Parents full name			Parents full name				
Parent/ Carer Parental Responsibility Yes / No			Parent/ Carer Parental Responsibility Yes / No				
National Insurance Number:			National Insurance Number:				
Address:			Address:				
Post Code:			Post Code:				
Telephone number:			Telephone number:				
Email address:	Title: Miss/Mrs/Ms/Mr	Email add	aress:		Title: Miss/Mrs	/84 - /84 -	
Date of birth	Title: MISS/MIS/MIF	Date of birth			TITIE: WISS/WIFS	/IVIS/IVIT	
	uired by HMRC to check your Nationa onal 15 hours, 30-hour funding and Ea				r child's eligibili	ty for 2	
Early Years Pupil Pre Additional funding may	mium be available through the Early Years Pu	pil Premium	n (EYPP), i	paid to early yea	rs providers for th	ne provision	
	r child. EYPP is used to improve teaching				•	-	
• • • • •	evelopment. If you do not wish for the pro-	•	•		• •	, - ,	
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Disability Living Allowance

If your child is 3 or 4 years old and is receiving **Disability Living Allowance** and is receiving the free entitlement, he or she is eligible for the Disability Access Fund (DAF). DAF is paid to your child's early years provider. The purpose of DAF is to support providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities. **If your child is in receipt of Disability Living Allowance, please submit evidence to the provider.**



Ethnic Group of Child

Enfield Council would like to ensure that children from all communities can access and use the provision available, your response will enable us to assess how universal the provision of the Funded Entitlement is in Enfield.

E:	thnic Origin (please tick box below	,	lixed/Dual b	ackaround		_	chinese				
		IV		Any Other							
☐ White-White Irish				•		_					
	☐ White-White Irish Traveller		☐ Mixed-W	hite & Africa	n	Α	sian or Asian British				
	☐ White-Gypsy Roma		Mixed-W	hite & Asian] Asian-Bangladeshi				
	•			hite & Carib	bean						
	☐ White-Greek		□ White & Any Other								
☐ White-Greek Cypriot ☐					Asian-Pakistani						
	☐ White-Turkish Black or Black British					no Other Ethnic Oncor					
	,,				Iny Other Ethnic Group						
	•					,					
							1 Raidion				
	I do not wish to state my child's	ethnic origin	(Refused)								
Attendan	ce and declaration by parent	s/guardian	s (please tid	ck the below	relevant box	es)					
	onfirm that my child is attending					for their	Early Years Education entitlement				
	15 or 30 hours per week (pend										
	onfirm that my child is not a rel										
							y) of funded education for my child.				
□ lu	nderstand my child may lose th	neir funded	place if the	y do not att	end regula	rly without	a satisfactory reason being provided				
for	their absence.										
□ Id	eclare that my child receives no	o funded ed	ducation oth	ner than tha	t which is li	sted below	٧.				
	eclare the table below is correc										
	claration for the Free Funding						a. a. a -				
50	relation for the Free Funding			i bo apaaid	-						
Terms:	Autumn/Spring/Summer	Mon	Tues	Wed	Thurs	Fri	Total number of hours per week				
	ase enter total number of free		1400	1100	maro	• • • • • • • • • • • • • • • • • • • •	l l l l l l l l l l l l l l l l l l l				
	ement hours attended per day										
	child is only accessing the Fre	L Entitleme	ant with the	providor de	stailed abov	10:	Yes / No				
	child is also accessing the Fre										
	tal amount of Free Entitlement						•				
	cal Authority if not Enfield (plea		ied pei wei	ek willi alio	inei piovide	51.					
			nt from the	otart and	nd datas fo	ar acab tar	m Yes / No				
□ My	child will be accessing the Fre	e Endderne	in mom the	Start and t	ilu dales id	or each ten	III TES / INO				
l.a. a. a. a. u. al a			1 41 4	مادن ما میننام		د نداست ما در در ا					
		ements and	tne operat	ilonai guida	nce for loca	ai autnoritie	es and providers, parents must sign				
a legal res	sponsibility declaration.										
					_						
	n that the information I have pro										
							Provider/s stated above to claim free				
	nt funding as agreed on behalf										
• I understand that my child can attend a maximum of two providers in a single day. If my child attends more than one provider, the											
funding will be paid according to the number of hours claimed between the providers of a maximum of 15 or 30 hours depending on											
eligibility.											
Cligibility.											
F	Madia										
Funding I											
I understand that the provider cannot claim the Free entitlement if I have informed the provider that my child will no longer be											
attending	their provision. (For example, i	f my child's	last date is	in the autu	ımn term, tl	ne provide	r is not permitted to be paid from the				
LA for the	following Spring and Summer	terms).									
	3 -1 3	,									
Parent / C	`aror:										
		I = "					15.				
Signatur	e:	Full name	9:				Date:				
	mpleted by the Provider:										
Docur	nentary proof of child's date of	birth (eg bi	rth certifica	te, passpoi	t) Date s	een:					
Documentary proof of address (eg utility bill) Date seen:											
Documentary proof of parent identification (eg passport, driving licence) Date seen:											
_ 50011				Documentary proof of Disability Living Allowance attached Date seen:							

*Childcare", as defined in section 18 of the 2006 Act, specifically excludes care provided for a child by a parent, step-parent, foster parent (or other relative) or by a person who fosters the child privately or has parental responsibility for the child. Early years provision by a childminder (either independently registered with Ofsted or registered with a childminder agency) for a related child does not count as childcare in legal terms.

Government funding cannot be claimed by childminders providing childcare for their own child or a related child. A "relative", in relation to a child, means a grandparent, aunt, uncle, brother or sister, whether of the full blood or half blood or by marriage or civil partnership.

Documentation seen/copied by (staff member) Signature:

