**Lancashire County Council Early Education Funding (EEF) Parental Agreement**

**Step 1 – Placement details – provider to complete**

|  |  |
| --- | --- |
| **Childcare provider/school name:** | **Rockwood Nursery School** |
| **Ofsted registration number:** | **119065** |
| **EEF start date:** |  |
| **Room (Office use only)** |  |

**Step 2: Your child’s details - parents/carers to complete**

|  |  |
| --- | --- |
| **Child’s Forename(s):** |  |
| **Child Surname(s):** |  |
| **Name by which the child is known (if different from above):** |  |
| **Address & Postcode:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Home Language:** |  |
| **First Language:** |  |
| **Religion:** |  |
| **Mode of travel to Nursery:** | Walk/car or van/car share/train/taxi/bus/other – |
| **Does your child receive Disability Living Allowance as the provider will be able to claim the Disability Access Funding?** |  |



**Step 3: Parent/carer details - parents/carers to complete**

|  |  |
| --- | --- |
| **Parent/Carer 1** | **Parent/Carer 2** |
| Surname: | Surname: |
| Forename: | Forename: |
| Date of Birth: | Date of Birth: |
| National Insurance number or Asylum Support Reference Number (previously NASS): | National Insurance number or Asylum Support Reference Number (previously NASS): |

**Step 4: Document check - provider to complete**

|  |  |
| --- | --- |
| **Documentary proof of DOB Type (e.g. birth certificate, passport):** |  |
| **Proof of DOB seen by (name of staff member):** |  |
| **Date document recorded:** |  |
| **Working parent eligibility code: (if applicable e.g. 12345678912):** |  |
| **2-year-old golden ticket voucher code (if applicable):** |  |

**Step 5: Setting and attendance details - parents/carers to complete with provider**

You need to agree and complete this declaration form with each setting your child attends for their funded entitlement to ensure that funding is paid fairly to each of them. Your provider should help you to complete this section.

***Early Education Funded (EEF) Weekly Hours (core funded sessions)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **EEF Session Times** | **Total Funded Hours per Day** | **Early Education Funded Hours (zero cost to parent)** | | **Additional/privately funded hours** | | | **Additional Costs** |
| **No. of Funded Hours**  **(2YO Golden Ticket & 34YO Universal Hours)** | **No. of Extended/**  **Expanded Hours**  **(Working Families' Entitlements)** | **2 Yr. Old** | **3/4 Yr. Old** | **Cost** |
| **Mon** | 7.30 – 8.30 |  |  |  |  |  |  | **£** |
| 8.30 – 11.30 |  |  |  |  |  |  |
| 11.30 – 12.15 |  |  |  |  |  |  |
| 12.15 – 3.15 |  |  |  |  |  |  |
| 3.15 – 4.00 |  |  |  |  |  |  |
| **Tue** | 7.30 – 8.30 |  |  |  |  |  |  | **£** |
| 8.30 – 11.30 |  |  |  |  |  |  |
| 11.30 – 12.15 |  |  |  |  |  |  |
| 12.15 – 3.15 |  |  |  |  |  |  |
| 3.15 – 4.00 |  |  |  |  |  |  |
| **Wed** | 7.30 – 8.30 |  |  |  |  |  |  | **£** |
| 8.30 – 11.30 |  |  |  |  |  |  |
| 11.30 – 12.15 |  |  |  |  |  |  |
| 12.15 – 3.15 |  |  |  |  |  |  |
| 3.15 – 4.00 |  |  |  |  |  |  |
| **Thu** | 7.30 – 8.30 |  |  |  |  |  |  | **£** |
| 8.30 – 11.30 |  |  |  |  |  |  |
| 11.30 – 12.15 |  |  |  |  |  |  |
| 12.15 – 3.15 |  |  |  |  |  |  |
| 3.15 – 4.00 |  |  |  |  |  |  |
| **Fri** | 7.30 – 8.30 |  |  |  |  |  |  | **£** |
| 8.30 – 11.30 |  |  |  |  |  |  |
| 11.30 – 12.15 |  |  |  |  |  |  |
| 12.15 – 3.15 |  |  |  |  |  |  |
| 3.15 – 4.00 |  |  |  |  |  |  |
| **Total Weekly EEF Hours** | | |  |  |  |  |  |  |
| **Number of weeks per year** | | | 38 | | | | | |
| **Total EEF hours per year i.e. weekly hours x no of weeks**  **2YGT – 570 hours**  **Working families – 1140 hours**  **Universal – 570 hours** | | |  |  |  |  |  |  |
| **Hours available if banking (if applicable)** | | |  |  |  |  |  |  |
| **Additional hours / Total Cost (if applicable)** | | |  |  |  |  |  | £ |

|  |  |  |
| --- | --- | --- |
| **Sessions** | **2 YEAR OLDS** | **3 YEAR OLDS** |
| **3hr SESSION** *8.30am – 11.30am or 12.15pm – 3.15pm* | £24.00 | £20.00 |
| **BREAKFAST CLUB** | £9.00 | £8.00 |
| **LUNCH CLUB** | £6.50 | £6.00 |
| **AFTER SCHOOL CLUB** *(3.15 – 4.00pm)* | £6.50 | £6.00 |
| **Voluntary Weekly Contribution** | £3.00 | |

Your child can attend a maximum of two settings in a single day. If you are splitting your funded entitlement across more than one setting, please complete the table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Total no. of funded hours per week** |
| **Setting name/address:** |  |  |  |  |  |  |
| **Setting name/address:** |  |  |  |  |  |  |

**Note: the maximum number of funded hours your child can receive across all providers is:**

* 2-year-old families receiving additional forms of support (i.e. 2YO golden ticket): a maximum of 15 hours a week/570 hours per year
* Working families with children aged from 9 months to 4 years old: a maximum of 30 hours a week/1140 hours per year.
* All 3 and 4 years old (i.e. universal funding): 15 hours a week/1140 hour per year

**Disability Access Funding (DAF)**

If your child is splitting their entitlement across more than one setting and is in receipt of DLA please nominate the setting that you want to claim the DAF.

Name of provider nominated to receive DAF ………………………………………………………………

**Step 6: Additional Charges - provider and parent to complete**

N/A

**Step 7: Notice period – provider to complete**

I am entitled to reduce the number of funded hours outlined in this agreement or move my child from the above-named childcare provider to a new childcare provider, providing I give the childcare provider at least

6 weeks written notice.

I understand there will be no transfer of funding within the term unless written notice has been given by the deadlines specified in section 3 of Appendix 1 - Parental Agreement Terms and Conditions of Early Education Funded Places.

**Step 8: Parent/Carer/Guardian with legal responsibility declaration**

Declaration: I (name) .............................................................................................................

of (address)

...............................................................................................................................................................

...............................................................................................................................................................

confirm that the information I have provided above is accurate and true.

I agree to the conditions set out in this document

I authorise the provider named in this agreement to claim the early education funded entitlement as agreed above on behalf of my child. I understand that the data collected in this form will be shared with my chosen provider and local authority.

I confirm the childcare provider named in this agreement has provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare provider** |
| Signed: | Signed: |
| Print name: | Print name: |
| Date: | Date: |

Lancashire County Council is collecting your data for the purposes of checking your eligibility for all elements of the early education funded entitlements (i.e. working families entitlements and 2-year-old entitlements for families receiving Government support), Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF), in accordance with its statutory functions under the Childcare Acts 2006 and 2016, and the School Standards and Framework Act 1998.

**Data Protection**

The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers.  The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes:

* The right to know the types of data being held, why it is being held; and to whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Lancashire County Council. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately.

Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/>

Privacy Notice: [Early Years' Service - Lancashire County Council](https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/early-years-service/)



**CHARGING AGREEMENT & PARENTAL AGREEMENT FOR PAID FOR OR EXTENDED PROVISION**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT REQUIREMENTS: -**

I AGREE to pay the fees for provision for at least one term. (*We require families to provide* ***6 weeks’ notice of change*** *if you wish to withdraw, in order to plan staffing accordingly).*

I AGREE to pay the fees for extended provision (BREAKFAST CLUB and AFTER SCHOOL) for at least one week. *(We require families to provide* ***a week’s notice of change*** *if you wish to withdraw).*

***It will not be possible to refund unattended sessions as the space and staffing will have been allocated to your child and would not be available to allocate to another in their absence.***

**Charging Policy**

* Rockwood Nursery School will charge an advertised rate for education and activities for children accessing the group, which are advertised at Reception.
* Parents/carers will be informed of the fees and we would prefer payment in **ADVANCE** either via Parent Pay or by the use of Tax-Free Childcare Vouchers.

**PLEASE TICK how & when you will be paying**

School Online Account (ParentPay)

Government Tax Free Vouchers  *\*Please provide Ref No.\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Weekly  Monthly  Half Termly  Full Termly

* Parents have a responsibility to check their Parent Pay accounts and make regular payments.
* It is understood that some parents pay for provision retrospectively. This must be done in the first few days following the week/month taken.
* Fees that remain unpaid for a period of 1 week after the taken provision will receive an email to ask for immediate payment.
* Fees that remain unpaid for 2 weeks will receive an email advising of the loss of place and further action if arrangements are not made to pay the outstanding amount.
* Fees that remain unpaid for 4 weeks will lose the provision of the place and action will be taken to reclaim the outstanding amount.

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

|  |
| --- |
| **Medical Condition(s)** |
|  |
| **Medical Note(s)** |
|  |

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

Health Visitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission for school to contact Health Visitor (please tick)

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If none, please tick when ‘Information on Dentists’ provided.)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

