



Application Form for Water Hall Primary School Nursery

Parental Contract for the Early Years Free Entitlement - 3 and 4 year olds

Your name: _____

Your phone number: _____

Please read these notes before filling in this form:

3 & 4 Year Olds Only: All children are entitled to 15 Universal free hours from the term after the child's 3rd birthday.

Child's birth month: _____

Please tick the appropriate box:

<input type="checkbox"/>	My child was born between September - December and will start Nursery in January
<input type="checkbox"/>	My child was born between January - March and will start Nursery in April
<input type="checkbox"/>	My child was born between April - August and will start Nursery in September

If a family apply to HMRC and are eligible, they will also be eligible to 15 Extended free hours , this could then make a total of 30 free funded hours.

Please tick the appropriate box:

<input type="checkbox"/>	I would like to apply for a 15 hour morning Nursery place
<input type="checkbox"/>	I would like to apply for a 15 hour afternoon Nursery place
<input type="checkbox"/>	I would like to apply for a 30 hour all day Nursery place and understand that I will need to provide the school with my entitlement code every term. Please select which applies to you: 1. My 30hr code is _____ 2. I do not yet have my 30hr code but have checked my entitlement

Our Sessions run as follows:

Morning sessions 8:35-11:45

Afternoon sessions 12:15 - 3:30 (2:30 on Fridays)

All day sessions 8:35 - (2:30 on Fridays)

Please note this form is mandatory and must be completed before your Early Years Provider can claim the Free Entitlement for your child. Please put your child's full name as shown on his/her birth certificate. Do not include nicknames or shortened names.

<p>Child's details: Child's legal surname: _____ Name by which the child is known (if different from above): _____ Address: _____ _____ Postcode: _____ Documentary proof of DOB Type (e.g. Birth Certificate, Passport): _____ Date document recorded: _____ Document recorded by: _____</p>	<p>Child's legal forename: _____ Gender: Male / Female Date of Birth: _____ Ethnic Code (see list below): _____ Extended Entitlement Validity Code for 3 and 4 year old children only: _____ Parent/carer National Insurance or NASS Number: _____</p>
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Ethnic Codes:	
WBRI White British	APKN Asian or Asian British, Pakistani
WIRI White Irish	ABAN Asian or Asian British, Bangladeshi
WIRT Traveller of Irish Heritage	AOTH Asian or Asian British, any other Asian background
WROM Gypsy/Roma	BCRB Black or Black British, Caribbean
WOTH White, any other White background	BACFR Black or Black British, African
MWBC Mixed, White and Black Caribbean	BOTH Black or Black British, any other Black background
MWBA Mixed, White and Black African	CHNE Chinese
MWAS Mixed, White and Asian	OOTH Any other ethnic background
MOTH Mixed, any other mixed background	REFU Did not wish to be recorded
AIND Asian or Asian British, Indian	NOBT Not obtained

Applies to 3 and 4 year olds only:

Is your child eligible for Early Years Pupil Premium (EYPP): Yes / No (please delete as appropriate)

EYPP is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to impact positively on your child's progress and development by improving the teaching, learning, facilities and resources.

Children whose parents/carers receive one of the following benefits will generate EYPP for their provider:

<ul style="list-style-type: none"> ● Income Support (IS) ● Income-based (not contribution based) Job Seeker's Allowance (IBJSA) ● The Guarantee element of the State Pension Credit ● Income-related employment and support allowance ● Or financially supported by NASS (National Asylum Support Service) 	<p>Child Tax Credit except if you meet <u>ANY</u> of the following criteria:</p> <ul style="list-style-type: none"> i) entitled to Working Tax Credit (regardless of income) ii) have an annual income in excess of £ 16,190
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If you believe your child may qualify for EYPP please provide the following information for the **main benefit claimant** to enable the Local Authority to confirm eligibility:

Parent/carer legal surname: _____ Parent/carer legal first name: _____

Parent/carer date of birth: _____

Parent/carer National Insurance/NASS Number: _____

Parent/carer signature: _____

Is your child eligible and in receipt of Disability Living Allowance (DLA): Yes / No (please delete as appropriate)

If your child is in receipt of DLA and is splitting their free entitlement across two or more providers please nominate below the main setting where the Local Authority should pay the Disability Access Funding (DAF):

Name of Provider: _____

Declaration I (name): _____ confirm that the information I have provided above is accurate and true. In addition, I agree that the information I have provided can be shared with the Local Authority and HM Revenue and Customs, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim the DAF on behalf of my child.

Print Name: _____

Signed: _____ Date: _____

Applies to 2, 3 and 4 year olds

- You need to complete a Parental Contract with each provider your child attends for their Free Entitlement in order to ensure that funding is paid fairly between them.
- The Government require parents to select the provider where you wish your child to continue to receive the Universal 15 Hours should your child no longer meet the criteria to access the Extended 15 Hours.
- Select Universal (U) against the provider(s) providing upto 15 hours of Free Entitlement available to all eligible 2, 3 and 4 year olds.
- Select Extended (E) against the provider(s) providing upto 15 hours of Free Entitlement available to eligible 3 and 4 year olds.

This Contract starts from child's starting date: September / January / April

DECLARATION:

I confirm that the information I have provided on this Parental Contract is accurate and true. I understand and agree to the conditions set out in this Contract and I authorise the provider(s) named above to claim the free entitlement funding as agreed on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	