

# Parent Declaration Form: Early Years, Disability Access and Early Years Pupil Premium funding



## **9 months to 2 years old (working family entitlement)**

May be eligible for 30 hours per week for 38 weeks per year (term time only) or, 1,140 hours stretched over the whole year (\*subject to certain criteria).

## **2 years old**

**24U entitlement** - May be eligible for 15 hours per week for 38 weeks per year (term time only), or 570 hours stretched over the whole year (\*subject to certain criteria).

**Working family entitlement** - May be eligible for 30 hours per week for 38 weeks per year (term time only) or, 1,140 hours stretched over the whole year (\*subject to certain criteria).

## **3 to 4 years old (universal entitlement)**

**All 3 & 4 year olds** who live in England are entitled to 15 hours per week for 38 weeks per year (term time only), or 570 hours stretched over the whole year, irrespective of income levels, benefit status, or family circumstances.

## **3 to 4 years old (working family entitlement)**

May be eligible for an additional 15 hours making a total of 30 hours per week for 38 weeks per year (term time only) or, 1,140 hours stretched over the whole year (\*subject to certain criteria).

**\* Please refer to the 'Parents Notes' section at the end of this form for more information.**

This form collects information to assess which funding you are eligible for, including EYPP and Disability Access Fund.

## **Parent or Carer details: the person receiving the benefit must be listed.**

|                                                                                                                                            |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Title:                                                                                                                                     | Legal Forename:       | Legal Family Name:         |  |  |  |  |  |  |  |  |  |  |  |
| Previously known Family name:                                                                                                              |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| Address:                                                                                                                                   |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                            |                       | Postcode:                  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth:                                                                                                                             | / / (i.e. DD/MM/YYYY) | Telephone:                 |  |  |  |  |  |  |  |  |  |  |  |
| Mobile phone number:                                                                                                                       |                       | Are you a lone parent: Y/N |  |  |  |  |  |  |  |  |  |  |  |
| Email address:                                                                                                                             |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| National Insurance (NI) or National Asylum Support Service (NASS) number:                                                                  |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                   |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                            |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| NI - 9 digits (2 letters, 6 numbers 1 letter). NASS - first 9 numbers only                                                                 |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| <b>Working family eligibility code</b> (if applicable, e.g. 50045678912):                                                                  |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                            |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| <b>24U eligibility code</b> (for families in England receiving some additional forms of support):                                          |                       |                            |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to child named on this claim:                                                                                                 |                       |                            |  |  |  |  |  |  |  |  |  |  |  |

**If you have joint parental responsibility, please complete the details below:**

|                                                           |                                                                                                                                                                                                                   |                    |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Title:                                                    | Legal Forename:                                                                                                                                                                                                   | Legal Family Name: |
| Previously known Family name:                             |                                                                                                                                                                                                                   |                    |
| Address:                                                  |                                                                                                                                                                                                                   |                    |
|                                                           |                                                                                                                                                                                                                   | Postcode:          |
| Date of birth:        /        /        (i.e. 31/08/1970) |                                                                                                                                                                                                                   | Tel/Mob:           |
| NI or NASS number:                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                    |
| Relationship to child named on this claim:                |                                                                                                                                                                                                                   |                    |

**Child details:**

|                                                                                                                                |                              |                                                              |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Forename:                                                                                                                |                              | Legal Family name:                                           |                                                                                                                                             |
| Date of Birth:    /    /<br>(i.e. DD/MM/YYYY)                                                                                  |                              | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Ethnicity code:<br>(refer to parents notes)                                                                                                 |
| Address:                                                                                                                       |                              |                                                              |                                                                                                                                             |
| Postcode:                                                                                                                      |                              | Language spoken:                                             |                                                                                                                                             |
| Document proof of DOB<br>(e.g. Birth Certificate, Passport)                                                                    |                              | Document recorded<br>by (name of staff<br>member)            | Name:<br>Date:                                                                                                                              |
| Additional<br>information**:                                                                                                   | DLA <input type="checkbox"/> | EHCP <input type="checkbox"/>                                | LAC <input type="checkbox"/> Adopted <input type="checkbox"/> Child Arrangement<br>Order /<br>Special Guardianship <input type="checkbox"/> |
| <b>** If you have ticked any of the above your Provider will ask you to produce evidence</b>                                   |                              |                                                              |                                                                                                                                             |
| Main Provider/School:                                                                                                          |                              |                                                              |                                                                                                                                             |
| Proposed start date:                                                                                                           |                              | Proposed hours per week:                                     |                                                                                                                                             |
| Please complete section below regarding hours per week including any other Providers/schools who may also be claiming funding. |                              |                                                              |                                                                                                                                             |

**Setting / School and attendance details**

- You need to complete this Declaration Form for each setting / school your child attends for their early education entitlement in order to ensure that funding is paid fairly between them.
- If your child attends more than one setting, you can decide how to allocate your funded hours.
- If your child is in receipt of DLA, one Provider may be eligible for Disability Access Fund. To help us allocate this, please nominate your main Provider: \_\_\_\_\_

Please record the free entitlement hours that you wish to claim in the table below:

| Setting / School Name(s)        |  |                                    | Please enter total funded hours attended perday |      |     |     |     | Total number of hours per week | Number of weeks per year (e.g. 38, 51) |
|---------------------------------|--|------------------------------------|-------------------------------------------------|------|-----|-----|-----|--------------------------------|----------------------------------------|
|                                 |  |                                    | Mon                                             | Tues | Wed | Thu | Fri |                                |                                        |
| A                               |  | 24U Hours (2YO's)                  |                                                 |      |     |     |     |                                |                                        |
|                                 |  | Universal Hours (3 & 4YO's)        |                                                 |      |     |     |     |                                |                                        |
|                                 |  | Expanded Hours (9M+, 2, 3 & 4YO's) |                                                 |      |     |     |     |                                |                                        |
| B                               |  | 24U Hours (2YO's)                  |                                                 |      |     |     |     |                                |                                        |
|                                 |  | Universal Hours (3 & 4YO's)        |                                                 |      |     |     |     |                                |                                        |
|                                 |  | Expanded Hours (9M+, 2, 3 & 4YO's) |                                                 |      |     |     |     |                                |                                        |
| Total Daily Free Hours Attended |  |                                    |                                                 |      |     |     |     |                                |                                        |
| StartDate/s                     |  |                                    |                                                 |      |     |     |     |                                |                                        |

### Parent/Carer/Guardian with legal responsibility declaration

I agree that the information provided above is correct, and I give permission for Shropshire Council to check my eligibility status with the relevant benefit providers and hold my details to make further checks including Early Years Pupil Premium and Disability Access Fund. I agree to inform you immediately if my benefit stops or changes.

#### Autumn Term 2025

|                                           |       |
|-------------------------------------------|-------|
| Parent Signed:                            | Date: |
| Childcare Provider Signed:<br>Print Name: | Date: |

#### Spring Term 2026

|                                           |       |
|-------------------------------------------|-------|
| Parent Signed:                            | Date: |
| Childcare Provider Signed:<br>Print Name: | Date: |

#### Summer Term 2026

|                                           |       |
|-------------------------------------------|-------|
| Parent Signed:                            | Date: |
| Childcare Provider Signed:<br>Print Name: | Date: |

## Continuation of Early Education Entitlement Funding

Have your circumstances/funded hours changed from what is recorded on this form? If 'No', please complete 'Section One' below; if 'Yes', please complete Section Two.

### **Section One** (my circumstances/funded hours have not changed):

I confirm that the information I have provided on this Parent Declaration Form has not changed and I wish to continue claiming the Early Education Entitlement Funding in accordance with the details previously supplied.

|                                                        |  |                           |  |
|--------------------------------------------------------|--|---------------------------|--|
| <b>Subsequent Term:</b>                                |  |                           |  |
| <b>Parent/Carer/Guardian with legal responsibility</b> |  | <b>Childcare Provider</b> |  |
| <b>Signed</b>                                          |  | <b>Signed</b>             |  |
| <b>Date</b>                                            |  | <b>Date</b>               |  |

### **Section Two** (my circumstances/funded hours have changed):

Please provide details of the relevant changes below.

|                                                                                                |
|------------------------------------------------------------------------------------------------|
| <b>Any changes to personal information (i.e. home address, contact telephone number etc.)?</b> |
| <br><br><br><br>                                                                               |
| <b>Any changes to funded hours to be claimed?</b>                                              |
| <br><br><br><br>                                                                               |

I confirm that the updated information I have provided above is correct and I wish to continue claiming the Early Education Entitlement Funding in accordance with the details provided.

|                                                        |  |                           |  |
|--------------------------------------------------------|--|---------------------------|--|
| <b>Subsequent Term:</b>                                |  |                           |  |
| <b>Parent/Carer/Guardian with legal responsibility</b> |  | <b>Childcare Provider</b> |  |
| <b>Signed</b>                                          |  | <b>Signed</b>             |  |
| <b>Date</b>                                            |  | <b>Date</b>               |  |

**Data privacy:** The Data Protection Act 1998 puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Act gives rights to those (known as data subjects) about whom data is held, 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 communicated.

Should you have any concerns in relation to how your information or the information relating to your child/ren is being or will be used, please contact your provider or [nef@shropshire.gov.uk](mailto:nef@shropshire.gov.uk)

**Retention:** The declaration forms need to be retained by the provider for a minimum of 12 months after the child has left the setting.

## Parent Notes:

**Full details of all of the current Early Years Entitlements and the relevant eligibility criteria for each are available on the following website:** [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

**Note 1:** To be eligible for 15 hours for my 2-year-old (24U) I must be in receipt of an eligibility confirmation letter issued by my Local Authority.

Your 2-year-old can get free childcare if you live in England and get any of the following benefits:

- Income Support
- income-based Jobseeker's Allowance (JSA)
- income-related Employment and Support Allowance (ESA)
- Universal Credit, and your household income is £15,400 a year or less after tax, not including benefit payments
- the guaranteed element of Pension Credit
- Child Tax Credit, Working Tax Credit (or both), and your household income is £16,190 a year or less before tax
- the Working Tax Credit 4-week run on (the payment you get when you stop qualifying for Working Tax Credit)

2-year-olds can also get free childcare if they:

- are looked after by a local authority
- have an education, health and care (EHC) plan
- get Disability Living Allowance
- have left care under an adoption order, special guardianship order or a child arrangements order

**Note 2:** To be eligible for the working family entitlement for my child (9 months to 4 years old) I must have been issued with the relevant Unique Reference Number (URN). To confirm your eligibility for these entitlements and to get your URN, please visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk).

**Note 3:** All three-and-four-year-olds are entitled to 15 hours early education or childcare you don't need any form of eligibility code/URN to claim this entitlement.

**Note 4:** For full information on all the financial support available to help cover the costs of childcare, including the tax-free childcare scheme, please visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

**Note 5:** Childcare providers are able to claim additional funding for those children who are in receipt of Disability Living Allowance (DLA). You will be required to provide a copy of your up to date Disability Living Allowance award letter, in order for your childcare provider to claim this additional funding. DAF is paid to the child's setting as a fixed annual rate.

<https://www.gov.uk/disability-living-allowance-children/overview>

**Note 6:** Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits including:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under part six of the Immigration and Asylum Act 1999
- the guaranteed element of State Pension Credit
- Child Tax Credit (provided you are not also entitled to Working Tax Credit) and have an annual gross income of no more than £16,190
- Working Tax Credit run-on, which is paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit - your household income must be less than £7,400 a year after tax not including any benefits you get

You may also get early years pupil premium if your child is currently being looked after by a local authority in England or Wales or if your child has left care in England or Wales through:

- Adoption
- special guardianship order
- a child arrangements order

This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information, please speak to your childcare provider.

#### **Child Ethnicity codes:**

| <b>Ethnicity Category</b>          | <b>Code</b> | <b>Ethnicity Category</b>                           | <b>Code</b> |
|------------------------------------|-------------|-----------------------------------------------------|-------------|
| White – British                    | WBRI        | Asian or Asian British - Pakistani                  | APKN        |
| White – Irish                      | WIRI        | Asian or Asian British - Bangladeshi                | ABAN        |
| Traveller of Irish Heritage        | WIRT        | Asian or Asian British - Any other Asian Background | AOTH        |
| Gypsy / Roma                       | WROM        | Black or Black British - Caribbean                  | BCRB        |
| White - Any Other White Background | WOTH        | Black or Black British - African                    | BAFR        |
| Mixed - White and Black Caribbean  | MWBC        | Black or Black British - Any Other Black background | BOTH        |
| Mixed - White and Black African    | MWBA        | Chinese                                             | CHNE        |
| Mixed - White and Asian            | MWAS        | Any Other Ethnic Group                              | OOTH        |
| Mixed - Any Other Mixed background | MOTH        | Refused                                             | REFU        |
| Asian or Asian British - Indian    | AIND        | Information Not Yet Obtained                        | NOBT        |