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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Years Entitlements (EYE)** | | | | | | | | | | | | | | | | | | |
| **Parent Declaration Form 2025-26** | | | | | | | | | | | | | | | | | | |
| **Provider Name** | | | | | |  | | | | | | | | | | | | |
| **SECTION 1: CHILD DETAILS** | | | | | | | | | | | | | | | | | | |
| **Child forename**  *Include middle names* | |  | | | | | | **Child surname:** | | | |  | | | | | | |
| **Date of Birth** | |  | | | | | | **Gender** | | | | Male  Female  Unknown | | | | | | |
| **Home Address**  *(including postcode)* | |  | | | | | | **Date of birth checked** | | | | Birth Certificate  Passport | | | | | | |
| **Date checked:** | | | |  | | | | | | |
| **Telephone:** | |  | | | | | | **Email:** | | | |  | | | | | | |
| **ADDITIONAL INFORMATION:**  Child is looked after by the local authority  Child has left care (adoption / SGO / CAO)  Child has an EHCP  SEN support being provided by setting  Non-UK citizen with No Recourse to Public Funds (NRPF)  Child receives DLA? If yes, see box to right | | | | | | | | **Please tick the box if you want this provider to claim Disability Access Funding (DAF).** *Please note that only* ***one*** *provider per child can claim this funding per year. You will need to provide a copy of your DLA award letter to your provider.* | | | | | | | | | | |
| **I nominate this provider to claim DAF.** | | | | | | | | | | |
| **SECTION 2: ETHNICITY** | | | | | | | | | | | | | | | | | | |
| White British  White & Asian  White & Black African  White Irish  White Traveller of Irish Heritage  Any other White background  Pakistani | | | | Black African  Black Caribbean  Any other Black background  Gypsy/Roma  Bangladeshi  Indian | | | | | | | Chinese  Other Asian background  Other mixed background  Other ethnic background  Do not wish to disclose  Information not obtained | | | | | | | |
| **SECTION 3: PARENT DETAILS** | | | | | | | | | | | | | | | | | | |
| In some circumstances, your provider can access additional funding to support your child’s learning and development. By completing this section, you are authorising an eligibility check for additional funding. Where eligible, Early Years Pupil Premium will be added to FRAS (2 yr) and Universal (3 & 4 yr) funding as a priority. | | | | | | | | | | | | | | | | | | |
| **PARENT/CARER 1** | | | | | | **PARENT/CARER 2** | | | | | | | | | | | | |
| **Name** | |  | | | | **Name** | | | | | | | |  | | | | |
| **Date of Birth** | |  | | | | **Date of Birth** | | | | | | | |  | | | | |
| **National Insurance / NASS** | |  | | | | **National Insurance / NASS** | | | | | | | |  | | | | |
| Visit [**www.childcarechoices.gov.uk**](http://www.childcarechoices.gov.uk/) for up to date eligibility criteria for government funded childcare.  **Families in Receipt of Additional Support (FRAS).** You can obtain a 6 digit eligibility code for your 2 year old, from the Lincolnshire Parent Portal. [**www.lincolnshire.gov.uk/parentportal**](http://www.lincolnshire.gov.uk/parentportal) If you also qualify for 2 year old funding under the working parent criteria, the FRAS code will take priority for use for the first 15 hours of childcare.  **Universal Funding:** A code is **not** required for up to 15 universal funded hours for 3 or 4 year-olds. This can be claimed in conjunction with working parent’s entitlements.  **Working Parents (WP):** From 9 months to school age. You **must** obtain an eligibility code by 31 March, 31 August or 31 December in order to claim funding in the following term. You **must** reconfirm eligibility every 12 weeks with HMRC through your childcare account [**www.gov.uk/apply-free-childcare-if-youre-working**](http://www.gov.uk/apply-free-childcare-if-youre-working)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SECTION 4: WHICH TYPE OF FUNDING IS BEING CLAIMED?** | | | | | | **Age** | **Up to** | **Eligibility criteria** | **Tick** | **Eligibility Code** | | 9 months | 30 hours | Working family eligibility criteria |  | 11 digit code | | 2 year old (FRAS only) | 15 hours | Families in Receipt of Additional Support (FRAS) |  | 6 digit code | | 2 year old (WP only) | 30 hours | Working family eligibility criteria |  | 11 digit code | | 2 year old (dual eligibility) | 30 hours | Families in Receipt of Additional Support (FRAS) **plus** Working family eligibility criteria |  | 11 digit code  and  6 digit code | | 3 & 4 year old (universal only) | 15 hours | Universal funding |  | No code required | | 3 & 4 year old (WP only) | 15 hours | Working families extended eligibility criteria |  | 11 digit code | | 3 & 4 year old (dual eligibility) | 30 hours | Universal funding and Working families extended eligibility criteria |  | 11 digit code |   Working parent codes **must be in date and valid** for use. Parents cannot start to access their working parent funded childcare in the grace period. Working parents must renew their eligibility every three months to continue accessing their working parent entitlements each term. It is your responsibility to renew your working parent eligibility. | | | | | | | | | | | | | | | | | | |
| **SECTION 5: EARLY YEARS ENTITLMENT CLAIM** | | | | | | | | | | | | | | | | | | |
| **Hours to be claimed per week (Input the hours being claimed per eligibility criteria)** | | | | | | | | | | | | | **Total hours**  **(per week)** | | **Delivery** | | | |
| **Provider 1 name:** | | **FRAS (2yr)** | **Universal (3yr)** | | | | | **WP (all ages)** | | | | | **Max 30** | | **Stretched**  **Standard** | | | |
|  | | **Max 15** | **Max 15** | | | | | **Max 30** | | | | |
| **Provider 2 name:** | | **FRAS (2yr)** | **Universal (3yr)** | | | | | **WP (all ages)** | | | | | **Max 30** | | **Stretched**  **Standard** | | | |
|  | | **Max 15** | **Max 15** | | | | | **Max 30** | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **SECTION 6: MOVING FROM ONE SETTING TO ANOTHER** | | | | | | | | | | | | | | | | | | |
| My child has previously claimed their funded entitlements at another childcare setting:  **YES  NO** | | | | | | **Date notice was given in writing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **End of notice period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **SECTION 7: PARENT / CARER DECLARATION (TICK TO CONFIRM)** | | | | | | | | | | | | | | | | | | |
| I confirm I have read my provider’s terms and conditions, including their fee structure and notice period to terminate this agreement. | | | | | | | | | | | | | | | | | |  |
| I understand that government funding is not intended to cover the costs of meals/snacks, consumables, additional hours or additional services or trips. | | | | | | | | | | | | | | | | | |  |
| I have entered into an agreement to purchase the following services willingly. Tick as selected (if applicable): | | | | | | | | | | | | | | | | | | |
| Meals/Snacks | Non-food consumables | | | | Additional Hours | | | | | Additional Services | | | | | | None | | |
| The personal information I have provided can be held and used in compliance with the Lincolnshire County Council privacy notice, in accordance with GDPR regulations. [**www.lincolnshire.gov.uk/privacynotice/childrenandfamilies**](https://www.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services-) | | | | | | | | | | | | | | | | | |  |
| **Parent / Carer (1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Parent / Carer (2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **SECTON 8: SETTING DECLARATION (TO BE COMPLETED BY MANAGER)** | | | | | | | | | | | | | | | | | | |
| I have checked the parent declaration form is fully completed and signed by the parent / carer | | | | | | | | | | | | | | | | |  | |
| I have confirmed in writing any cost for additional services voluntarily purchased by the parent/carer | | | | | | | | | | | | | | | | |  | |
| **Staff Member Name:**  **Staff Member Position:** | | | | | | | | | **Signature:**  **Date:** | | | | | | | | | |