

**AN AGREEMENT BETWEEN
PARENTS / CARERS, EARLY YEARS PROVIDERS AND CALDERDALE COUNCIL
FOR THE PROVISION OF THE FUNDED EARLY EDUCATION ENTITLEMENT FOR 3 & 4 YEAR OLDS**

To be completed by the Parent / Carer

Name of Child: _____

Date of Birth: _____

Gender: _____

Ethnicity: _____

(Please tick)

White & British
 White & Irish
 Traveller of Irish Heritage
 Gypsy / Roma

White & Asian
 Indian
 Pakistani
 Bangladeshi
 Chinese

White & Black Caribbean
 White & Black African
 Black Caribbean
 Black African
 Any Other

Address: _____

Postcode: _____

To be completed by the Provider

Your child has been offered a funded early education place with:

Name of Provider: _____

Form of ID seen to confirm DOB: _____

(Please tick)

Birth Certificate

Passport

Red Book

Other

Please specify: _____

Date ID seen: _____

Staff initials: _____

Funding Start Date: _____

Hours Claimed per Week: _____

No. of Weeks Claimed over: _____

Hours agreed – Please note Early Education is funded for up to 15 hours per week over 38 weeks a year, any alternative offer is at the Provider’s discretion.

Day	Session Times Attended AM/ PM / Full Day	Total Hours Per Day	EE Funded Hours Per Day	Chargeable Hours Per Day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Early Education Funded Hours:				

Provider’s Signature: _____

Date: _____

In the event of a Change of the Hours Agreed, a new Agreement should be issued and signed by the Parent /Carer and the Provider.

Parent / Carer to complete one of the following statements

Statement 1: One Provider only

(If your child is claiming up to a maximum of 15 funded hours per week, over a minimum of 2 days, at the provider named above)

I confirm that my child will access _____ hours per week over _____ days.

I confirm that my child does not access a funded place with another Calderdale provider or with a provider in another Local Authority.

Statement 2: More than one Provider

(If your child is claiming the funded entitlement with more than one provider. The total claim must not exceed 15 funded hours per week and must be accessed over a minimum of 2 days.)

I confirm that my child will access _____ hours per week over _____ days with this provider

And he / she is also accessing _____ hours per week over _____ days with the provider below

Name of 2nd Provider: _____

Please tick to show that you agree with the following conditions of Early Education Funding

I understand that I cannot be charged for the Funded Early Education Entitlement.

I have received detailed information from this provider of additional **optional** services available for my child.

I have agreed to pay fees for these additional services based on the times agreed and not actual attendance.

I understand that if I have given any false information on this form, I may be asked to reimburse the provider.

I understand that if my child's attendance drops below a satisfactory level, I may be required to refund the relevant amount of Early Education Funding to my provider (s).

I understand that checks will be made on the system and that I am required to show my provider my child's birth certificate / passport / red book as proof of his / her date of birth.

**Parent / Carer's
Signature:**

Date:

Information on the Funded Early Education Entitlement please contact:

**Early Years & Childcare Sufficiency Team, Calderdale M.B.C, Northgate House, Northgate, Halifax HX1 1UN
Tel. No. 01422 392695 or 01422 392576, Email: eef@calderdale.gov.uk**

Calderdale MBC will ensure that any personal information provided on this form will be treated in accordance with the provisions of the Data Protection Act 1998. Calderdale MBC is a Data Controller of the information you have provided on this form. The Council must protect the public funds it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds. The Council will not share your information for any other purpose without your explicit consent.

For further information about this please contact the Council's Information Management Co-ordinator on 01422 392298.

Parent(s) / Carer(s) to complete the following information

We need information about you to provide the best education and support for your child(ren) by making sure we receive all the government funding to which we and your child are entitled. This information is passed securely to Calderdale Council who will use it to determine your child's eligibility for any extra funding we can claim.

Name of Parent / Carer 1:

Name of Parent / Carer 2:

Telephone Number:

Telephone Number:

Email address:

Email address:

Date of Birth:

Date of Birth:



National Insurance number:

National Insurance number:

National Asylum Support
Service (NASS) number:

National Asylum Support
Service (NASS) number: