



Parent Declaration Form



SEPTEMBER 2018 VERSION

Provider Name:

HALBERTON PRIMARY SCHOOL

Parents must complete and sign this Declaration Form with each provider your child attends for their early years entitlement. This will help to ensure that funding is paid fairly between them. Your child can attend provision on a maximum of two sites in a single day and if your child attends more than one provider Devon County Council (DCC) will fund all providers based on the hours your child is booked into those provisions.

Child's Details (to be completed by the parent/carer)

	First Name	Middle Name(s)	Last Name
Legal Name:			
Chosen Name:			
Date of Birth:	___/___/___	Gender:	Male / Female
Address:			
Postcode:			

Childs ethnicity: (select one as identified by parent) <input type="checkbox"/> Not obtained <input type="checkbox"/> Refused	White-British	White-Irish	Traveller of Irish heritage	Any other white background	Gypsy /Roma	White & Black Caribbean
	White & Black African	White & Asian	Any other mixed background	Indian	Pakistani	Bangladeshi
	Any other Asian background	Black - Caribbean	Black-African	Any other Black background	Chinese	Any other ethnic group
Language spoken at home:						

Documentary proof of DoB Type (e.g. Birth certificate, Passport):		Document recorded by (name of staff member):	
Date document recorded:			

Two Year Old Funded Places

Golden Ticket Number or	MM --- / --- or ZZ --- / ---	Date eligible from:	
Citizens Portal	TYF 878 - _____ - _____		

https://oneonline.devon.gov.uk/CCSCitizenPortal_LIVE/Account/Register

Providers Name	Please enter the total funded hours attended each day							Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Funded hours									
Total daily Funded Hours Attended									

Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to providers for 3 and 4 year old children of families in receipt of certain benefits. This funding will be used to enhance the quality of your child's 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. If you believe that your child may qualify for the EYPP please provide the following information about the **main benefit holder** to enable Devon County Council to confirm eligibility.

Parent/carer First Name:	
Parent/carer Last Name:	
Parent/carer Date of Birth:	
Parent/carer National Insurance Number/ NASS: (9 characters)	_____
No. of universal funded hours attended weekly at this provider: (only complete if parent has an 11 digit code)	

Declaration I

(name).....

of (address).....

confirm that the information I have provided above is accurate and true. I**understand and agree to the conditions set out in this document and I****authorise Halberton Preschool and Halberton Primary School****to claim entitlement funding as agreed above on behalf of my child.**

I also agree that the information I have provided can be shared with Devon County Council (DCC) and the Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child. DCC may also share that information with neighbouring authorities if necessary for a claim to be processed.

Parent/carer/guardian with legal responsibility		Childcare provider	
Signed		Signed	
Print name		Print name	
Date		Date	

Data Privacy

Your personal data is being used by Halberton Preschool and Halberton Primary School for the purposes of claiming early years funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which will be given to parents as part of the new entrant pack. The privacy notice is also available on our website.

Information provided will be shared with Devon County Council (DCC) who may share it with the Department for Education, Department for Work and Pensions, neighbouring authorities and Her Majesty's Revenue and Customers to confirm your child's eligibility and enable Halberton Preschool and Halberton Primary School to claim early years funding on behalf of your child.

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the ICO on holding personal data including sensitive personal data available at:

<https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>

EMERGENCY CONTACT DETAILS*

CONTACTS:	NAME	RELATIONSHIP	TELEPHONE NUMBERS
Emergency Contact 1			
Emergency Contact 2			
Emergency Contact 3			
PROFESSIONALS:	NAME	PRACTICE NAME	TELEPHONE NUMBER
Child's Doctor			
Child's Health Visitor			

* You can, if you wish, make additions/alterations to the contacts named above, or any other information on this registration form, at a later date – please ask a member of staff for access to your form .

FEES & FUNDING

Children are eligible for funding for **15** hours from the term after their third birthday. Some are eligible for 30 hours but an 11 digit code will be required.

For children whose hours exceed 15, or two years olds without a Golden Ticket, the fee is £4 per hour. Fees are payable in half termly for all booked sessions. Payment is due on all sessions even if your child is unable to attend, whether for sickness or holiday. Additional hours must be paid for on the day at the school office. From 1 January 2019, fees will be £4.50 per hour.

PRE-SCHOOL POLICIES

A complete set of policies is available in the Pre-School for all parents to read.

COLLECTION OF CHILDREN

For your child's safety, the Pre-School uses a password system for the collection of children in the event of someone other than the contacts named above collecting your child. If you need to nominate someone other than those named above to collect your child, they will have to give the correct password, even if they are a close relative. Please notify Pre-School if you wish to change your password.

What password will you be using?	
What hint can we give you if you forget your password? (i.e. a question staff can ask you to jog your memory, such as 'What is your mother's maiden name?' or 'name of your first pet?')...	

SESSION TIMES

**Monday, Wednesday, Thursday, Friday 9am to 3.30pm
(full day, morning or afternoon sessions available).**

Late collection of children – Children must be collected on time. Parents will be expected to refund any costs directly incurred (e.g., staff overtime).

HEALTH RECORD

Please give details of any medical condition the Pre-School should be aware of (eg: hearing difficulties, asthma, diabetes, allergy to food/medicines etc):	
Do you give staff permission to assist in the administration of medicine if requested by yourself?	Yes/No (delete as applicable)
In the event of an emergency, do you give staff permission to seek emergency medical advice or treatment for your child?	Yes/No (delete as applicable)
Has your child been vaccinated against the following? Please provide dates.	Tetanus Measles Polio Whooping Cough Diphtheria Meningitis C

DIETARY NEEDS

Does your child have any special dietary needs e.g. for religious or cultural reasons? Please give details.	Yes/No (delete as applicable)
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SUN SAFETY

At times when the sun is particularly strong it may be necessary to top-up your child's sun-cream application while at pre-school. We use an appropriate factor 40 sun screen and you will be notified if this changes for any reason.

Do you give permission for your child to be applied with sun-cream?	Yes/No (delete as applicable)
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TEXTING SERVICE

Please provide a mobile telephone number if you would like to receive text updates from the Pre-School.

Contact Name:	Mobile No:
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PHOTO PERMISSION

Please complete our separate document relating to permissions. Please return it with your registration form.

LOCAL OUTINGS

The opportunity sometimes arises at short notice to take the children for short local visits on foot, e.g. to the village pond.

Do you give permission for your child to be taken off- site for local visits?	Yes/No (delete as applicable)
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CHILD PROTECTION

Do you give permission for staff to undertake written observations of your child?	Yes/No (delete as applicable)
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PARENTAL UNDERTAKING

I undertake to pay/provide funding for my child for all sessions attended at Halberton Pre-School by the payment deadline on the invoice. Invoices are sent out half termly. Debts relating to non payment of invoices will lead to referral to Devon County Council's Debt Recovery Service.

I understand that I am expected to co-operate with the Pre-School's policies.

I give my consent for Halberton Preschool and Halberton Primary School to use my personal data as outlined in their privacy notice.

Signed _____ Relationship to child _____

Date of consent _____

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact the school office.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer, Alvin Scott.

Alvin Scott - Coppleshill Primary School, Bewsley Hill, Coppleshill, Crediton, Devon, EX17 5NX

EMAIL: dpo@devonmoorsfederation.devon.sch.uk

OUR CONTACT DETAILS:

Halberton Preschool 01884 829414 Halberton Primary School 01884 820585

Pre-School email address is preschool@halberton.school

Church Path, Halberton, Tiverton, Devon, EX16 7AT