

Parent declaration for the free entitlements

Provider Name:			
Child's Legal Family Name:		Child's Legal Forename (s):	
Name by which the child is known <i>(if different from above)</i>			
Date of Birth:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Address:			Post Code:
Documentary proof of DoB – <i>(please attach a copy to this form)</i>	Birth Certificate <input type="checkbox"/>	Date document recorded <i>(dd/mm/yyyy):</i>	
	Passport <input type="checkbox"/>	Document recorded by <i>(name of staff member)</i>	
	Other <input type="checkbox"/>		
Ethnicity		Home Language	

Additional details for children claiming 30 hours free childcare			
Parent/Carer Legal family name:		Parent/Carer Legal forename:	
Parent/Carer Date of Birth:			
Parent/Carer National insurance Number:			
30 Hours eligibility code: 11 digits			

Childs hours	F	C
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total funded hours (F)		
Total contracted (paid for) hours (C)		
Funded hours delivered over:		
38 weeks <input type="checkbox"/> Stretched <input type="checkbox"/>		

Setting and attendance details

- Parent/carers need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 universal hours or 30 hours (extended) per week in order to ensure that funding is paid accurately. Please indicate which set of hours is being taken at which setting.
- For funded hours a child can attend a maximum of two sites in a single day if a child attends more than one setting the funding will be split between settings.
- I understand that **ALL** Early Learning Entitlement must be free at the point of delivery and that I cannot be charged for this in advance
- I have received detailed information from the provider named above, I have been advised of any additional services available for my child and understand I will have to pay for these services.
- I understand that if my child leaves the setting without completing the stated notice period. The London Borough of Lewisham will **NOT** be liable for any charges incurred.

I confirm that my child will access: <i>(please insert number of hours and days)</i>			Funding Type
<input type="checkbox"/>	Free hours per week over	<input type="checkbox"/>	Days with this provider
			Universal <input type="checkbox"/>
			Extended <input type="checkbox"/>
Other Provider			
<input type="checkbox"/>	Free hours per week over	<input type="checkbox"/>	Days with other provider
			Universal <input type="checkbox"/>
			Extended <input type="checkbox"/>
Name and address of other provider:			

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