

BUCKINGHAMSHIRE COUNTY COUNCIL
Early Years and Childcare Service
PARENT DECLARATION FORM FOR EARLY EDUCATION FUNDING 2009/10
(For Use in Terms Summer 2009, Autumn 2009 & Spring 2010)

Completion of this form is a requirement before your Early Education Provider can claim Early Education Funding for your child – All Sections must be completed

Please return this form to your Early Education Provider when completed

Name of Provider: _____
Provider's Address: _____
Postcode: _____

Child's Legal Surname _____
Child's Preferred Surname _____
Child's Forename _____
Child's Middle Name(s) _____
Flat or Apartment No: _____
House Number or Name _____
Street _____
Local Area _____ **Town:** _____
County _____ **Postcode** _____

Date of birth – Please bring with you an official document confirming your child's date of birth when returning this form _____ / _____ / _____
Gender: Male/Female (delete as appropriate)
Ethnic Code (see page 2) optional

Number of Sessions attended with above provider: **Number of Sessions claimed at above provider:**

Name of Any Other Provider _____ **Sessions attended at Other Provider:**

STATEMENT

I confirm that my child will be attending the above Provider and I understand that the Provider will be claiming funding for my child. I confirm that my child, as detailed above, is resident at the above address. I have read and understood the notes on page 2.

I understand that if I have given any false information on this declaration I may be asked to reimburse the Provider, and will confirm in writing any changes to the information on this form.

Parent/Carer Name: (Mr/Mrs/Ms/Miss)
Signed: Date:
Home Tel No: Work/Mobile No:

For Provider Use Only

Birth Date Record seen - Birth Certificate Passport Other (please specify)
Signature of Provider: Date: 2nd Provider YES / NO

Note to Provider – Please keep completed forms with attendance records



Essential Notes for Parents/Carers

1. If your child was born within the birthdate range shown below he/she will be eligible for up to 5 free early education sessions per week, where available, up to the maximum number of sessions for any one term.
2. A session will be approximately 2½ hours duration and your child is expected to attend for sessions claimed for. If your child does not attend regularly your Provider may be asked to repay funding.
3. You may choose to enrol your child at two providers or for more than 5 sessions but will have to pay the provider(s) for anything more than 5 sessions of 2½ hours. Your child can only receive the **maximum** numbers of sessions designated for any one term.
4. Funding order – if you use two providers and one is an Local Authority nursery/school the Local Authority provider is funded first, up to the maximum of 5 sessions per week. If you use two providers, neither of whom are Local Authority, you must make it clear to both providers where you wish to claim funded sessions remembering that only 5 sessions in a week can be funded.
5. You **must** inform both providers if you are using two providers.

Eligible birth dates for 2009/10

Summer Term 2009:	1 April 2004	- 31 March 2006 inc
Autumn Term 2009:	1 September 2004	- 31 August 2006 incl
Spring Term 2010:	1 January 2005	- 31 December 2006 incl

Filling in this Form

1. Please put your child's full name as shown on their birth certificate, not nicknames or contractions.
2. In the address the local area is the village/district/estate or suburb of the town you live in.
3. Please enter the ethnic origin code using the list below.

Ethnic Code

WBRI	White, British
WIRI	White, Irish
WIRT	Traveller of Irish Heritage
WROM	Gypsy/Roma
WOTH	White, any other White Background
MWBC	Mixed, White and Black Caribbean
MWBA	Mixed, White and Black African
MWAS	Mixed White and Asian
MOTH	Mixed, any other mixed background
AIND	Asian or Asian British, Indian
APKN	Asian or Asian British, Pakistani
ABAN	Asian or Asian British, Bangladeshi
AOTH	Asian or Asian British, Any other Asian Background
BCRB	Black or Black British, Caribbean
BAFR	Black or Black British, African
BOTH	Black or Black British, Any other Black background
CHNE	Chinese
OTH	Any other ethnic background
REFU	Did not wish to be recorded
NOBT	Not Obtained

Further copies of this form can be obtained from
<http://www.buckscc.gov.uk/Education/Early Years and Childcare/Providers/Forms>
or call 01296 382601