

**BUCKINGHAMSHIRE COUNTY COUNCIL  
EARLY YEARS AND CHILDCARE SERVICE**

**EARLY EDUCATION - SESSIONS DECLARATION FORM**

**TERM:** \_\_\_\_\_

**Name of Provider** \_\_\_\_\_

**Child's First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Number of Sessions per week regularly attended at this Provider (Tick Below):**

**Number of Funded Sessions per week at this Provider (Circle Below):**

	MON	TUES	WED	THURS	FRI
am					
pm					

**ATTENDANCE AT ANOTHER PROVIDER**

If the child is also attending at a Second Provider (including a school or school nursery) please indicate below the name of the provider and the sessions attended regularly.

**Name of 2<sup>nd</sup> Provider** \_\_\_\_\_

**Number of Sessions at 2<sup>nd</sup> Provider regularly attended (Tick Below):**

**Number of Funded Sessions at 2<sup>nd</sup> Provider (Circle Below):**

	MON	TUES	WED	THURS	FRI
am					
pm					

***Please remember your child's total funded sessions cannot exceed 5 per week including sessions at a local authority school or nursery***

I confirm that my child will be attending nursery education sessions as indicated above.  
If my child is attending two Providers I undertake to keep both Providers informed as to what sessions my child is attending.  
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:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

