# Early Years Funded Entitlement Parent Declaration Form (from April 2026)

| Provider Details | |
|---|---|
| Provider name | Rudgwick Pre-school |
| Provider address | The Scout Hut, Church Street, Rudgwick, West Sussex |
| Postcode | RH12 3HJ |

This form is to be completed by the parent of an eligible child together with the provider of early years education. Bracketed numbers indicate that there are help notes for your reference on the separate sheet 'Notes on completing the Parent Declaration Form'. **Please ensure you complete all three pages of this form.**

| Child's Details (note 1) | | | |
|---|---|---|---|
| Child's full legal name (as shown in the child's ID reference) | | | |
| Forename | | | |
| Middle name(s) | | | |
| Surname | | | |
| Date of birth | (day/month/year) | | |
| ID reference | | ☐ Passport | ☐ Birth Certificate |
| Ethnic origin | (see list in note 2) | | |
| Full home address | | | |
| Postcode | | | |

| Eligibility Codes (note 3) | |
|---|---|
| Early Learning for 2 year olds (LA Issued EYFE) | (add your 6 digit reference number) |
| Working Families* | (add your 11 digit reference number) |
| ☐ I give permission to use my details to check my child's eligibility for Early Learning for 2 year olds (LA Issued EYFE) under the economic criteria (note 16) | |

*You will need to reconfirm eligibility every three months when prompted by HMRC via text message and/or email (note **5**)

| Disability Access Fund (DAF) | | |
|---|---|---|
| Child is in receipt of Disability Living Allowance (DLA)? | ☐ Yes | ☐ No |
| Do you wish to nominate this provider to receive Disability Access Fund? | ☐ Yes | ☐ No |
| Brief details of discussion between parent/carer and provider regarding how the DAF will be used. | | |

| Parent/Carer Details (note 5) | | | |
|---|---|---|---|
| Parent/carer's full legal name | | | |
| Forename | | | |
| Surname | | | |
| Date of birth | (day/month/year) | | |
| National Insurance Number (required for EYPP and Working Families checks) | | National Asylum Support Service Number | |
| Contact phone number(s) | | | |

| Early Years Pupil Premium (EYPP) (note 5) | | |
|---|---|---|
| I give permission to use my details to check my child's eligibility for EYPP under the economic criteria | ☐ Yes | ☐ No |
| My child is eligible for EYPP under the non-economic criteria | ☐ Yes (please state) | ☐ No |

## Details for additional charges during EYFE hours

Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place. Where parents do opt out, the provider must make the parent aware of what alternative arrangements will need to be in place.

Before completing this parent declaration form, the provider and parent(s) must discuss additional services and the ability to opt in or opt out.

☐ If the provider does not offer any chargeable additional services, please tick this box.
☐ If the parent has opted out of all additional services during EYFE hours, please tick this box

| To be completed by provider | |
|---|---|
| For all additional services the parent has opted into, please provide details and costs. These need to be itemised (e.g. separate costs for breakfasts, lunch, non-food consumables etc). See note 17 | PLEASE SEE OUR WEBSITE FOR DETAILS,<br><br>https://www.rudgwickpreschool.co.uk/wp-content/uploads/2026/01/Hours-Costs.pdf |
| Will alternative arrangements be required for any additional services which the parent has opted out of? | ☒ Yes<br>☐ No<br>☐ Not applicable |
| If you answered yes to the above question, please provide details of all alternative arrangements for any additional services which the parent has opted out of (e.g. packed lunch policies, what consumables to provide, arrangements if the child does not attend an extracurricular class/trip etc.) | Where parents decide not to enrol their child in extracurricular activities, we will ensure the child is included in suitable and enjoyable alternative experiences. |

**To be completed by the parent**

☐ I confirm I understand the above charges and alternative arrangements (if applicable). By signing this parent declaration, I confirm I agree to the above.

Note that you may opt out of additional services later. You must discuss intentions to opt out with your provider and may need to complete a new parent declaration. Notice periods for opting out will be subject to provider policies

| **Pattern of attendance for the Government funded EYFE hours (see notes 6 and 9)** | |
|---|---|
| Agreed start date at provider | (day/month/year) |
| Agreed start date of EYFE hours at provider for this pattern of attendance | (day/month/year) |

| **Funding Type** | **Total number of Government funded EYFE hours per week my child will access at this provider** |
|---|---|
| Early Learning for 2 year olds (LA Issued EYFE) (maximum of 15 hours) | |
| 3 and 4 year old Universal EYFE (maximum of 15 hours) | |
| 9mths – 4 year old Working Families EYFE (maximum of 30 hours*) | |

*or 15 hours if your child is 3 or over, or is also approved for Early Learning for 2 year olds (LA Issued EYFE). Additional 15 hours can be accessed via Universal EYFE or Early Learning for 2 year olds (LA Issued EYFE), totalling 30.

| Number of weeks per year **Government funded EYFE hours** will be used (note **8**) | |
|---|---|

Please complete the table below with the **Government funded EYFE hours** for your child.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Arrival time | | | | | | | |
| Departure time | | | | | | | |
| EYFE start time | | | | | | | |
| EYFE end time | | | | | | | |
| Total EYFE hours | | | | | | | |

| | |
|---|---|
| Total number of non-funded hours per week the child attends (i.e. all hours specified in between the arrival and departure times above) | |
| Total number of EYFE hours per week the child attends (maximum 15, or 30 if eligible for Working Families EYFE) | |
| Total charge for non-funded hours per week | £ |

Note that the above charge is only expected to reflect charges at the time of signature of this document.

| **Self-stretched delivery (for self-stretching providers only)** | |
|---|---|
| Self-stretching is where providers claim from WSCC based on 38 weeks of the year but deliver this over more than 38 weeks. They must be signed up with WSCC to do this. | |
| Amount of hours per week provider will claim on a term-time basis (38 weeks per year) | |
| Number of weeks per year will stretch over | |
| Number of EYFE hours per week provider will deliver | |

## Details of additional provider(s) where my child will be also accessing funded hours

This page must be completed if your child is splitting the EYFE across more than one provider. EYFE can be split between multiple providers, but your child can attend a maximum of two sites in one day (Notes **7 and 10**).

Does the child attend another provider in addition to the previously named provider?
☐ No ☐ Yes (please add details below)

| **Additional provider 1 - details** | |
|---|---|
| Provider name | |
| Provider full address (including postcode) | |
| Start date of EYFE with this provider | (day/month/year) |
| Days of the week my child attends this provider | ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday<br>☐ Friday ☐ Saturday ☐ Sunday |

| **Funding type** | **Number of hours per week accessed with this additional provider** | **Number of weeks per year accessed with additional provider** |
|---|---|---|
| Early Learning for 2 year olds (LA Issued EYFE)<br>(maximum of 15 hours) | | |
| 3 and 4 year old Universal EYFE<br>(maximum of 15 hours) | | |
| 9mths – 4 year old Working Families EYFE<br>(maximum of 30 hours*) | | |

*or 15 hours if your child is 3 or over, or is approved for 2 year old Early Learning for 2 year olds (LA Issued EYFE). Additional 15 hours can be accessed via Universal EYFE or Early Learning for 2 year olds (LA Issued EYFE), totalling 30.

| **Additional provider 2 - details** | |
|---|---|
| Provider name | |
| Provider full address (including postcode) | |
| Start date of EYFE with this provider | (day/month/year) |
| Days of the week my child attends this provider | ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday<br>☐ Friday ☐ Saturday ☐ Sunday |

| **Funding type** | **Number of hours per week accessed with this additional provider** | **Number of weeks per year accessed with additional provider** |
|---|---|---|
| Early Learning for 2 year olds (LA Issued EYFE)<br>(maximum of 15 hours) | | |
| 3 and 4 year old Universal EYFE<br>(maximum of 15 hours) | | |
| 9mths – 4 year old Working Families EYFE<br>(maximum of 30 hours*) | | |

*or 15 hours if your child is 3 or over, or is approved for Early Learning for 2 year olds (LA Issued EYFE). Additional 15 hours can be accessed via Universal EYFE or Early Learning for 2 year olds (LA Issued EYFE), totalling 30.

## Declaration

I understand that:

- If I am accessing EYFE hours, it must not be compulsory for me to pay for food and consumables such as nappies or sun cream and for services such as trips and yoga. These charges must not be a condition of access. I must be given options for reasonable alternatives which could include allowing me to supply my own or waiving the cost of these items.
- Voluntary contributions are acceptable for items other than those listed above but must not be included in any invoice totals or added as a condition of access.
- I will be charged for any additional, private paid hours at my chosen setting according to their usual terms and conditions. However, taking up any additional private paid hours must not be a condition of access.
- Invoices and receipts issued by my chosen setting will be clear, transparent, and itemised allowing me to see that I have received my child's EYFE completely free of charge and I am able to understand any fees, paid for additional hours, or services.
- If my child is eligible for Universal EYFE or Early Learning for 2 year olds (LA Issued EYFE), I can claim up to a maximum of 15 funded hours for my child per week, across 38 weeks in the year (570 hours per year). For children eligible for EYFE for Working Families I can claim a maximum of 30 hours per week over 38 weeks (1140 hours per year). (Notes 9 and 11).
- If I sign up with a provider, it is my intention to send my child for the funded hours as per the pattern of attendance completed on this form. It is fraudulent to sign up to more EYFE hours than my child is accessing (note 12).
- I can request, via the provider, changes to the number of hours claimed, if this is done before the headcount date of each term. (Notes 13 and 15).
- I must show the provider confirmation of my child's date of birth (note 1).
- If eligible for Disability Access Fund, I must give the provider a copy (no originals) of paperwork to show my child is eligible and in receipt of Disability Living Allowance and have nominated only one provider of my choice to receive the one-off Disability Access Fund payment and will discuss how funds will be spent with my provider (note 4).
- I must provide my name, date of birth and National Insurance or National Asylum Support Service number which will be used by the provider to check eligibility for Early Years Pupil Premium (EYPP), which is paid to the provider. I am aware of how to claim under the non-economic eligibility criteria. If eligible, EYPP and an additional supplement will only apply to the first 15 hours EYFE claimed (note 5).
- If eligible for Working Families EYFE, I give the provider permission to verify my 11-digit eligibility code and provide my child's date of birth and my National Insurance number which will be used by the provider and the Local Authority to verify my eligibility code (note 3).
- I understand that if my child attends a provider on a school site, this does not influence the child's chance of obtaining a place in the reception or foundation class at the school.

## Please read the statements below and tick each box to confirm

☐ I have completed ALL parts of this form in full, including details of any other providers where applicable.

☐ I confirm that I have been given a West Sussex County Council leaflet 'Early Years Funded Entitlement, A guide for parents and carers by the Family Information Service' by my provider.

☐ I confirm I have seen a copy of the Privacy Notice.

☐ I will tell the provider if the arrangements or details on this declaration change (note 15).

☐ I have a copy (or taken a photograph) of this completed and signed declaration for my own records.

**This form will not be accepted as evidence to support claiming DAF or settle funding disputes without both the parent and provider signing and dating this declaration.**

| | | | |
|---|---|---|---|
| Parent/Carer signature | | Print Name | |
| Date signed by Parent | (day/month/year) | | |
| Provider signature | | Print Name | |
| Date signed by Provider | (day/month/year) | | |

Information provided on this proforma will be held on a computer system registered under the General Data Protection Regulations (GDPR), 2018. This information is used by the Department for Education in monitoring the use of the funding.

THIS FORM MUST BE RETAINED BY THE PROVIDER, FOR THE CURRENT FINANCIAL YEAR (APRIL TO MARCH), PLUS 2 YEARS FROM COMPLETION DATE AND MADE AVAILABLE AT THE REQUEST OF WEST SUSSEX COUNTY COUNCIL OFFICERS OR OFSTED INSPECTORS.

**Record of changes to name or address** of child or parent/carer for whom the funded hours are claimed (must be attached to original form).

This section should only be used to record any changes to the child/parent or address information provided on the original Parent Declaration overleaf. Each change **must** be signed and/or dated by the parent and the provider where indicated.

**I wish to notify you of a change to my child's name, my name and/or our address (please complete details as appropriate below):**

| **Child's Details** | | | |
|---|---|---|---|
| Child's new legal name (as shown in the child's ID reference) | | | |
| Forename | | | |
| Middle name(s) | | | |
| Surname | | | |
| Date of birth | (day/month/year) | | |
| ID reference | | ☐ Passport | ☐ Birth Certificate |
| Full home address | | | |
| Postcode | | | |

| **Parent's Details** | | | |
|---|---|---|---|
| Parent/carer's new legal name | | | |
| Forename | | | |
| Middle name(s) | | | |
| Surname | | | |
| Date of birth | (day/month/year) | | |
| ID reference | | ☐ Passport | ☐ Birth Certificate |
| Full home address | | | |
| Postcode | | | |

| **Signatures (required)** | | | |
|---|---|---|---|
| **Parent/Carer** signature | | Print Name | |
| Date signed by Parent | (day/month/year) | | |

| | | | |
|---|---|---|---|
| **Provider** signature | | Print Name | |
| Date signed by Provider | (day/month/year) | | |

**Note to Provider:** Please ensure any changes are updated via the Online Provider Portal when you next submit your child-level headcount claim for this child.