



Funding Agreement

This agreement is between the parent/carer, the early education provider and Cambridgeshire County Council in relation to government funding relating to Early Years Pupil Premium (EYPP) eligibility and/or free childcare for your 2, 3 or 4 year old.

Name and address of childcare provider

1) Child details

Child's Legal Forename and middle name
Child's Legal Surname
Child's Address
Post Code
Authorisation Code (2+ only)
Ethnicity

Form fields for child details including Date of Birth

(please circle appropriate category)

Table with 6 columns: Ethnicity, Code, Description, Code, Description, Code

2) Claim details

The pattern of attendance should be agreed each term where a free place is claimed. Please complete the grid to make your claim.

Table with 7 columns: Term, Mon, Tues, Wed, Thurs, Fri, Total

PLEASE NOTE! If you know that you will be moving provision mid-term, this should be reflected in the Number of weeks free hours will be claimed total above. Otherwise, you will need to pay the new provider for the remainder of the term.


Please complete one of the statements below:

- No other provider is claiming funding for this child, or
This child will access _____ hours for _____ weeks with another provider.

The name of the other provider is _____

3) **Count me in!** for Early Years Pupil Premium (EYPP)

Information below allows an eligibility check to be made for EYPP. EYPP means extra money for your provider to help your child with their early years education.

Parent/carer's Full Name			
Parent/carer's Date of Birth	Phone 	0	
National Insurance Number	or, NASS Number		
Address			
	POST CODE		

Cambridgeshire County Council use of data

For information on how the Local Authority handles personal data please see a copy of the Early Years Privacy Notice

http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5

4) Agreement Please read and sign below

The Parent/Carer, I agree and understand that, in taking up my child's free early years education place with the provider named on this form

- ♦ I am required to provide proof of identity and date of birth to support this claim
- ♦ this agreement is for the number of weeks shown in the *Pattern of hours agreed* table and that I am not required to take up any additional hours or services in order to access the free place
- ♦ changes in hours may incur charges where they cannot be claimed and any change to the number of weeks must be negotiated with the provider who is not obliged to end the agreement early. I understand that if I change provision part way through the term, I may need to pay the new provider for the remainder of the term
- ♦ being in receipt of free childcare gives an automatic registration with my local Children's Centre giving access to regular information on activities in my area
- ♦ my information is being held by Cambridgeshire County Council in accordance with the Data Protection Act 1998 and will be shared with other bodies administering public funds to determine the support available and also for the prevention and detection of fraud in connection with this claim. I give permission for the Education Welfare Benefits team to do periodic checks using the secure benefit checking systems to confirm my continued receipt of qualifying benefits. Information from this form will be used by Cambridgeshire Local Authority to confirm the take up of free childcare and validate claims for funding. Information may be used to assess entitlement to receive additional benefits including free school meals (FSM) and eligibility for Early Years Pupil Premium (EYPP) for my provider.

The Provider, I agree

- ♦ to provide the government funded hours completely free of charge with no package of additional care, no administration / registration charges or top up fees for the hours claimed
- ♦ to abide by statutory and local guidance regarding claims for funding
- ♦ to make every effort to contact the family in the case of non attendance and to inform the Early Years Funding team if the place was not taken up
- ♦ to handle data in accordance with the Data Protection Act 1998.

Parent/carer Signature _____ Date _____

Name (printed) _____

Provider Signature _____ Date _____

Name (printed) _____ Position _____