

EARLY YEARS FREE ENTITLEMENT FUNDING

ATTENDANCE AT ONE PROVIDER FORM TERM

TO BE COMPLETED BY THE PARENTS FOR CHILDREN IN LA, PRIVATE AND VOLUNTARY NURSERY CLASSES EVERY TERM.

Please read carefully and sign the appropriate section below then return to the nursery as soon as possible. If your child is eligible to receive a free place the nursery, playgroup or school your child attends will be funded by the Local Authority to provide the free place in accordance with the following criteria:

- All hours attended by the child must be declared, not just the eligible hours
- The Local Authority will only pay for a maximum of 15 hours per week for 38 weeks (a total of 570 hours)
- The minimum number of hour's free entitlement per day is 2.5 and the maximum number of free entitlement payable per day is 10 hours.
- The 15 hours must be taken over 3 days, if a child only attends for 2 days per week the maximum free entitlement is 12.5 hours.
- A child can only access a maximum of 15 hours but this can be apportioned over 2 settings.
- Any hours over the maximum 15 hours will be paid for by the parent in accordance with the settings charging policy.
- Evidence that a child is of eligible funding age will be required at the beginning of the term i.e. Birth Certificate, along with this declaration form with either A) or B) completed below.

Please note thorough checks for duplication will be carried out against each child's name, address and date of birth. If you have made a false or inaccurate declaration the funding maybe withheld.

NAME OF NURSERY SCHOOL

NUMBER OF FUNDED HOURSTOTAL NUMBER OF HOURS

A) I confirm that (full name of child) is not attending any other provision for their free entitlement.

B) I confirm that (full name of child) is attending more than one provision but is not accessing more that 15 hours of free entitlement per week over the two settings for the equivalent school term. Please give the name and address of the other provider being used and the number of hours attended.

NAME OF 2ND NURSERY/SCHOOL

ADDRESS

NUMBER OF FUNDED HOURSTOTAL NUMBER OF HOURS

SIGNED (Parent/Guardian)

TO BE RETAINED AT NURSERY/SCHOOL/PLAYGROUP

PLEASE FORWARD A COPY TO CHILDRENS SERVICES WHERE THERE ARE TWO PROVIDERS
STRATEGIC FINANCE, 4TH FLOOR PADERBORN HOUSE, CIVIC CENTRE, BOLTON, BL1 1UA