Hertfordshire parent declaration form



Childcare provider name:

I confirm that I have been provided with, read and understood the supporting privacy notice. This includes why we need your family information, what we will do with it, how long we will keep it, what are your rights, clarification on eligibility and using your Childcare Support hours. By completing this parent declaration form, I am agreeing to the privacy notice.

Child details

Boxes marked with a * are mandatory

First name*	Middle name (s)	
Surname*	Date of birth* (dd/mm/yyyy)	
Sex*	National health number* (NHS)	
Ethnicity*		
Address* (with postcode)		
Early Years Pupil Premium (EYPP) extended criteria (please only tick if applicable)		
Adopted Child arra	ngement order Child looked after	
Special guardianship order None		

Parent/carer details

This information is required to confirm eligibility for EYPP and Childcare Support. The Early Years Service may contact you by email to gather feedback on the Childcare Support entitlements.

Please ensure you enter the details of the parent who has applied for Childcare Support.

Email*		
First name*	Surname*	
Date of birth (dd/mm/yyyy)*	National Insurance Number*	
For staff only		
Child's passport/birth certificate number		
Document number recorded by:		
Date document number recorded (dd/mm/yyyy)		

Childcare Support entitlement

- Autumn period (1 September 31 December) 14 weeks term time
- Spring period (1 January 31 March) 11 weeks term time
- Summer period (1 April 31 August) 13 weeks term time

Is this a stretched offer? Yes	No	If yes, how many weeks ac	ross the year?
(If you spread your Childcare Support stretched offer)	t hours over n	nore than 38 weeks, this is kn	own as the
Two year old reference code: (familiapply via the HCC website (e.g. AA/1	_	additional government suppor	rt) you will need to
Childcare Support eligibility code: (for working fa	milies entitlement) This should	I consist of 11 numbers
Start date			
No. days per week			
Total hours per week			
Total Childcare Support hours per week			
No. of weeks			
Please complete if child is in receip	ot of Disabili	ty Living Allowance (DLA)	
DLA form reference number			
DLA form start date (dd/mm/yyyy)		DLA form expiry date (dd/r	nm/yyyy)

This allows the early years provider to claim Disability Access Fund (DAF) which supports your child to access their childcare. DAF can only be claimed by one provider.

Splitting your Childcare Support

Does your child attend another childminder/day n	ursery/pre-school/school nursery for their Childcare			
Support entitlement. If yes, name?				
Please nominate the main provider where the local authority should pay the first 15 hours to:				
Please note, all early years providers must agree	on the Childcare Support hours offered.			
Parent declaration				
I confirm that my child	is attending the early years			
provider(s) for the Childcare Support entitlement				
,	conditions set out in this document and I authorise			
	to claim the Childcare Support entitlement as			
agreed above on behalf of my child.				
I understand how the Childcare Support entitlement receiving a stretched offer and reverts to the term available each week may be affected.	ent will be delivered for my child. If my child is time offer, the number of Childcare Support hours			
I have been made aware of any additional charge	es, including those for meals, nappies or trips.			
	s the Childcare Support hours agreed. I am aware working families) that I need to recheck my eligibility nment gateway childcare service account.			
Name*	Date* (dd/mm/yyyy)			
Signature*				
Any changes to the declaration must be noted be	low and signed by the parent/carer during the year.			