



# PARENT/CARER/PROVIDER AGREEMENT FORM FOR NURSERY EDUCATION FUNDING FOR 3- AND 4-YEAR OLDS Period 2 Spring Term 2025 – 2026 – 11 weeks - 165 or 330 Funded Hours

Child's Details: To be completed by parent/carer of the child - PLEASE COMPLETE ALL SECTIONS

|   |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
|---|------------------------------------|---|----------------------------|---|--------------------------------------|-----------------------------|--------------------------|------|------|-----------------------------|------|
| First Name:   |                                    |   |                            | Middle Name(s):   |                                      |                             |                          |      |      |                             |      |
| Legal Family Last Name:   |                                    |   |                            | Preferred Family Last Name:                             |                                      |                             |                          |      |      |                             |      |
| Child's Permanent Address Including Post Code:  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| Sex: Male <input type="checkbox"/> / Female <input type="checkbox"/> (please tick)  |                                    |   |                            | Child's Date of Birth: ____ / ____ / ____               |                                      |                             |                          |      |      |                             |      |
| Child's Ethnic Origin – please tick one of the following:   |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| <b>White</b>  | British (WBRI)                     |   | <input type="checkbox"/>   | <b>Asian or Asian British</b>                           | Asian or Asian British – Bangladeshi |                             | <input type="checkbox"/> |      |      |                             |      |
|   | Irish (WIRI)                       |   | <input type="checkbox"/>   |   | Asian or Asian British – Indian      |                             | <input type="checkbox"/> |      |      |                             |      |
|   | Traveller of Irish Heritage (WIRT) |   | <input type="checkbox"/>   |   | Asian or Asian British – Pakistani   |                             | <input type="checkbox"/> |      |      |                             |      |
|   | Gypsy/Roma                         |   | <input type="checkbox"/>   |   | Any other Asian Background           |                             | <input type="checkbox"/> |      |      |                             |      |
|   | Italian                            |   | <input type="checkbox"/>   | <b>Black or Black British</b>                           | Black or Black British – African     |                             | <input type="checkbox"/> |      |      |                             |      |
|   | White Other Background             |   | <input type="checkbox"/>   |   | Black or Black British – Caribbean   |                             | <input type="checkbox"/> |      |      |                             |      |
|   |                                    |   | Any other Black Background |   | <input type="checkbox"/>             |                             |                          |      |      |                             |      |
| <b>Mixed</b>  | Mixed – White and Black African    |   | <input type="checkbox"/>   | <b>Chinese</b>  |                                      | <input type="checkbox"/>    |                          |      |      |                             |      |
|   | Mixed – White and Black Caribbean  |   | <input type="checkbox"/>   | <b>Any Other Ethnic Background</b>                      |                                      | <input type="checkbox"/>    |                          |      |      |                             |      |
|   | Mixed – White and Asian            |   | <input type="checkbox"/>   | <b>Prefer not to say</b>                                |                                      | <input type="checkbox"/>    | <b>Not Obtained</b>      |      |      |                             |      |
|   | Any Other Mixed Background         |   | <input type="checkbox"/>   |   |                                      |                             |                          |      |      |                             |      |
| Please tick the appropriate box below to state whether your child has a Special Educational Need and Disability (SEND)  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| No Special Educational Need <input type="checkbox"/>  |                                    | SEN Support <input type="checkbox"/>  |                            | Education Health and Care Plan <input type="checkbox"/> |                                      |                             |                          |      |      |                             |      |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)? (If yes, you must also provide a copy of your child's DLA award letter, see page 3 for further information)                             |                                    |   |                            | Yes <input type="checkbox"/>                            |                                      | No <input type="checkbox"/> |                          |      |      |                             |      |
| If your child is splitting their funded entitlement across two or more providers, please nominate the main setting where the local authority should pay the Disability Access Fund?                                 |                                    |   |                            | Setting Name: _____                                     |                                      |                             |                          |      |      |                             |      |
| Eligibility code for 30 Hours: (must be an 11-digit number, you must also provide your National Insurance number on page 2.)  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| Child's Start Date for this term: ____ / ____ / ____  |                                    |   |                            | Child's End Date for this term: ____ / ____ / ____      |                                      |                             |                          |      |      |                             |      |
| My Child is attending the following settings; <u>Ofsted Registered Name please</u><br><u>Please enter setting names in the below boxes A, B, C. The setting you are completing this form for should be in box A</u> |                                    | Please enter total Funded hours per day: (Universal 15 Hours - Uni. and Extended Hours - Ext. if applicable) (See page 3 for further information)                                     |                            |   |                                      |                             |                          |      |      | Total FUNDED hours per week |      |
|   |                                    | Mon   |                            | Tue   |                                      | Wed                         |                          | Thu  |      |                             | Fri  |
| Setting Names:  |                                    | Uni.  | Ext.                       | Uni.  | Ext.                                 | Uni.                        | Ext.                     | Uni. | Ext. | Uni.                        | Ext. |
| A.  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| A. Part of stretched offer: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                    | Number of stretched or term time weeks expected to claim within the year: _____<br>It is always 38 if claiming term time, if claiming under stretched offer, please ask your provider |                            |   |                                      |                             |                          |      |      |                             |      |
| Non-Funded Hours at above setting (paid for)  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| Other Providers: <i>Funded Hours only</i>   |                                    | Mon   |                            | Tue   |                                      | Wed                         |                          | Thu  |      | Fri                         |      |
| Setting Names:  |                                    | Uni.  | Ext.                       | Uni.  | Ext.                                 | Uni.                        | Ext.                     | Uni. | Ext. | Uni.                        | Ext. |
| B.  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| B. Part of stretched offer: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                    | Number of stretched or term time weeks expected to claim within the year: _____<br>It is always 38 if claiming term time, if claiming under stretched offer, please ask your provider |                            |   |                                      |                             |                          |      |      |                             |      |
| C.  |                                    |   |                            |   |                                      |                             |                          |      |      |                             |      |
| C. Part of stretched offer: Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                    | Number of stretched or term time weeks expected to claim within the year: _____<br>It is always 38 if claiming term time, if claiming under stretched offer, please ask your provider |                            |   |                                      |                             |                          |      |      |                             |      |
| Eligible Dates of birth for Period 2  |                                    | 1 <sup>st</sup> January 2021 - 31 <sup>st</sup> December 2022   |                            |   |                                      |                             |                          |      |      |                             |      |
| Department for Education Period 2 Dates   |                                    | 1 <sup>st</sup> January 2026 - 31 <sup>st</sup> March 2026  |                            |   |                                      |                             |                          |      |      |                             |      |



# PARENT/CARER/PROVIDER AGREEMENT FORM

## FOR NURSERY EDUCATION FUNDING FOR 3- AND 4-YEAR OLDS

### Period 2 Spring Term 2025 – 2026 – 11 weeks - 165 or 330 Funded Hours

**Early Years Pupil Premium (EYPP) and/or childcare for working parents/carers:** (See page 3 for further information)

Early Years Pupil Premium (EYPP) is paid to childcare providers to provide extra support for your child. EYPP can be used to improve teaching and learning facilities and resources to impact positively on your child's progress and development.

**Providing the information below may enable your provider to receive the EYPP.**

Please ensure that the National Insurance Number belongs to the named person, and please provide the date of birth (DOB) of this person if you want to check eligibility for EYPP. To claim childcare for working parents/carers, you do not need to provide your DOB but you **MUST** provide your NI or NASS number.

Please inform us if your child is looked after by a local authority ☐ Child in care (looked after) ☐

Please inform us if your child has left care (in England and Wales) through the following:

Adoption ☐ Special Guardianship ☐ A Child arrangement order ☐

| Parent/Carer 1                                |  |  |  |  |                 |  |  |  |  | Parent/Carer 2                                |  |  |  |  |                 |  |  |  |  |
|---|--|--|--|--|-----------------|--|--|--|--|---|--|--|--|--|-----------------|--|--|--|--|
| First Name                                    |  |  |  |  |                 |  |  |  |  | First Name                                    |  |  |  |  |                 |  |  |  |  |
| Last Name                                     |  |  |  |  |                 |  |  |  |  | Last Name                                     |  |  |  |  |                 |  |  |  |  |
| Parent/Carer 1 DOB for EYPP checks            |  |  |  |  | ___ / ___ / ___ |  |  |  |  | Parent/Carer 2 DOB for EYPP checks            |  |  |  |  | ___ / ___ / ___ |  |  |  |  |
| Email   |  |  |  |  |                 |  |  |  |  | Email   |  |  |  |  |                 |  |  |  |  |
| Contact Number                                |  |  |  |  |                 |  |  |  |  | Contact Number                                |  |  |  |  |                 |  |  |  |  |
| National Insurance Number                     |  |  |  |  |                 |  |  |  |  | National Insurance Number                     |  |  |  |  |                 |  |  |  |  |
| National Asylum Support service (NASS) Number |  |  |  |  |                 |  |  |  |  | National Asylum Support service (NASS) Number |  |  |  |  |                 |  |  |  |  |

**Only for children moving onto reception class next term and who are found to be eligible for EYPP:**

☐ **I give consent for Central Bedfordshire council to check if my child is eligible to receive Pupil Premium**

I authorise this provider to pass on my details to Central Bedfordshire council to allow checks for my eligibility to EYPP, Pupil Premium (PP) (only if moving onto reception class next term and my child is eligible for EYPP), Funded Early Education Entitlement (FEEE) as required, enabling the appropriate funding streams to be paid to my provider. I have seen a copy of the Privacy Notice - [https://www.centralbedfordshire.gov.uk/info/11/children\\_and\\_young\\_people/1090/privacy\\_notice\\_nursery\\_education\\_funding](https://www.centralbedfordshire.gov.uk/info/11/children_and_young_people/1090/privacy_notice_nursery_education_funding)

I, the parent / carer understand:

- That the entitlement must be free at the point of delivery and that I cannot be charged for this in advance.
- That I am entitled to claim for no more than the maximum number of funded hours for each period and that any hours my child attends over this will be charged to me by the childcare provider(s).
- Optional additional services such as meals, snacks, drinks, trips and extra activities such as music, dance etc., are not covered by the FEEE and the provider can make additional charges. It is my responsibility to ask whether charges apply before using the additional services and I will have to pay fees for these services if I want to receive them.
- That I cannot change provider(s) within one term of this agreement, unless the reason for it is covered by the one of the circumstances detailed in the guidance notes of this form and I have advised the childcare provider and the Local Authority.
- That my child will be regularly attending the nursery education hours as indicated above and that if my child is attending more than one provider; all providers and the total number of hours I am looking to claim at each provider have been listed on this form.
- That if I have given any false information on this agreement, I may be asked to reimburse the provider.
- That I have shown the provider proof of my child's current address and date of birth.
- That if I opt to access the funding on a stretched offer, for the hours to remain the same each week, if I choose to change my hours or switch to term time, I may risk using all my entitlement before the end of the 3rd term. This could mean I may have to pay for any hours over and above the entitlement.
- That if I choose to send my child to a school run nursery/pre-school within the first 4 weeks of the school term that my childcare provider may charge me for the hours that my child attended with them from the beginning of the term.
- When my child starts reception class, I am not able to claim funding at any other provider if the school has a staggered start date.
- That I have read and fully understood the guidance for parents/carers completing the agreement form.

|                         |   |       |  |
|-------------------------|---|-------|--|
| Parent/Carer Full Name: |   |       |  |
| Signature:              |   | Date: |  |
|                         | <p>By signing this form, you agree to the local authority using the information you have provided to enable your child's Pre-school/Nursery/childminder/School to claim for the Funded Early Education Entitlement for 9months to 4-year old's, Pupil Premium if relevant and for the Early Years Annual / School Census data collection. The personal data collected in this form will be used for this purpose only and will be stored on a secure system. I have seen a copy of the Privacy Notice - <a href="https://www.centralbedfordshire.gov.uk/info/11/children_and_young_people/1090/privacy_notice_nursery_education_funding">https://www.centralbedfordshire.gov.uk/info/11/children_and_young_people/1090/privacy_notice_nursery_education_funding</a></p> |       |  |

**PLEASE DO NOT RETURN THIS PAGE TO YOUR PROVIDER WITH THE PARENT/CARER AGREEMENT FORM**

**IT IS FOR INFORMATION TO PARENTS/CARERS ONLY**

This parent/carer agreement form collects information to assess which funding you are entitled to including 15 Hours universal entitlement for three- and four-year olds, 30-hour entitlement for working parents/carers, Early Years Pupil Premium and Disability Access fund. This funding agreement should be reviewed and/or updated each time the child's circumstances change or if they are eligible for a new early education and childcare Entitlement.

**Universal and Extended Funding:**

**Universal Funding:**

Funded nursery education is available to all three- and four-year olds. The maximum Nursery Education Funding you can claim per week for each child is 15 hours.

**Extended Funding:**

Parents/carers of three- and four-year olds will need to meet the criteria in order to be eligible for 30 hours funded childcare. Parents/carers need to visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) to check their eligibility and to apply for 30 hours funding. Parents/carers will be notified through their childcare choices account if they are entitled to a 30 hours place and issued with an 11 digit code, which will include a date for reconfirmation. Parents/carers must keep their code valid by the dates HMRC set. Codes usually start with 500..... Some parents/carers may have codes that start with 400 or 114. Parents/carers need to present the code to a provider who is offering some, or all the 30 hours, along with their National Insurance number. The provider will have access to undertake their own eligibility check via a secure online portal and will add the details to the portal and to the school census (if applicable). The provider will upload the parent/carer agreement onto the secure system to be sent to Central Bedfordshire council.

**Setting and Attendance Details:**

You need to agree and complete this agreement form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them. Your child can attend a maximum of two settings in a single day and if your child attends more than one setting the funding will split fairly between the settings.

**Early Years Pupil Premium:**

The Early years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families who meet certain criteria, please see the following web address:

[https://www.centralbedfordshire.gov.uk/info/315/help\\_with\\_childcare\\_costs/1760/early\\_years\\_pupil\\_premium](https://www.centralbedfordshire.gov.uk/info/315/help_with_childcare_costs/1760/early_years_pupil_premium)

This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning facilities and resources with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider. If you believe that your child may qualify for the EYPP please ensure your details are provided on the parent/carer agreement form under '**Early Years Pupil Premium (EYPP) and/or childcare for working parents/carers**' to enable the local authority to confirm eligibility.

If your child is eligible for EYPP and your child is moving onto reception at a Central Bedfordshire school in the following term, we will also check if you are entitled to Free School Meals and Pupil Premium. Please see the following web address for more information:

[https://www.centralbedfordshire.gov.uk/info/53/benefits/4/free\\_school\\_meals](https://www.centralbedfordshire.gov.uk/info/53/benefits/4/free_school_meals)

**Disability Access Fund:**

Three and four-year-old children who are in receipt of child disability living allowance and are receiving the funded entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £938 per eligible child, if you are splitting hours with different settings it is important that you please nominate the setting you wish to receive this fund on the parent/carer agreement form and attach a copy of your child's disability living allowance letter from DWP to the parent/carer agreement form.

**Continued onto next page...**

- **Your child is entitled to a maximum of 570 hours over 38 weeks of the year (term time).** The maximum Nursery Education Funding a parent/carer can claim per week for each child is 15 hours universal and/or 15 hours extended (if applicable). If you wish to claim the maximum 15 universal hours and/or 15 extended hours, you can do this over no more than 38 weeks of the year, which equals 570 universal hours and/or 570 extended hours in total. You can claim a maximum of 10 hours on one day. The minimum is 1 hour. With the agreement of your childcare provider, you can stretch your 570 hours over more than 38 weeks per year, in accordance to the funding periods we set, however over the year you will not receive more than 570 hours.
- Your child can attend up to two providers (or three providers if also claiming extended hours funding), in order to receive their funded entitlement. Please discuss with your providers how many hours you wish to claim with each provider and record this on the parent/carer agreement. **Please note if a claim is submitted for more than one provider and the total hours claimed amount to more than the maximum funded entitlement for the period, the local authority will contact all providers regarding the over claim of funding and a decision will need to be taken as to where the funding will be allocated. If your child attends for more than the maximum funded hours for each period, you will have to pay the provider/ providers for the additional hours.**
- You should only claim for the number of hours you know your child will be **regularly** attending and no more. **You are not required to deduct hours for holidays and short absences.**
- **Please state on the parent/carer agreement form whether your child is attending another provider and the total number of funded hours for the period you wish to claim with that provider. Please remember that this includes school nurseries/pre-schools, lower and special schools and any providers outside of the local authority.**
- A parent/carer agreement form must be completed for each term that you make a claim.
- The parent/carer agreement form, along with providing evidence of your child's identity, date of birth and current address (with correct postcode), is your provider's assurance that they have done what they can to minimise the possibility of fraudulent applications for funding. It will also help if double funding has occurred and the Council investigates the matter.
- The parent / carer agreement is a formal agreement between the provider and the parent/carer of the child.
- Parent/Carer agreement can only be broken or amended under the following circumstances:
  - If the family leaves the area
  - If the family's circumstances change i.e. new job / unemployment
  - Child with a long-term sickness
  - To accommodate changing shift patterns
  - Provision not appropriate to the child's needs
- If a parent/carer wishes to increase or change their child's attendance after headcount has taken place and this change is not covered by the above list of reasons the provider will be entitled to charge for these additional hours. If your child attends a school run provision and the change occurs after school census week, then the school is entitled to charge you for any additional hours.
- This Parent/Carer agreement form will be signed by the parent/carer and uploaded to a secure system by the provider to Central Bedfordshire Council.

## **DELAYED ADMISSIONS**

Parents/carers should be aware that the scheme allows school nurseries / pre-schools to make appropriate arrangements for phasing intakes of eligible pupils in the first 4 weeks of term. As the child is on roll, he/she will be included on schools' claim for funding. Provided that admission is not delayed beyond the first 4 weeks of term, the school can claim the full amount.

**Therefore, parents/carers who choose to send their child to a day nursery/private, voluntary or independent pre-school/childminder whilst waiting to be admitted to a school nursery/pre-school during the first 4 weeks of term will not be eligible for any additional funding. In these circumstances the childcare provider may charge the parent/carer for the hours accessed whilst the child is awaiting a phased intake into the school. If entry into the school is beyond the first 4 weeks of the term, the childcare provider may claim funding.**