PARENTAL AGREEMENT FOR THE PROVISION OF EARLY EDUCATION FUNDED PLACES (EEF) FOR 2, 3 & 4-YEAR-OLD CHILDREN







Section 1: Placement Details

Childcare provider/school name:	Rockwood Nursery School
Ofsted registration number:	119065
EEF placement start date:	Sept 25/Jan 26/Apríl 26/Other
Group (for office use only):	Hedgehogs/Owls/Squirrels

Section 2: Child & Family Details

Child legal forename:				Chil	Child legal surname:					
Name by which child is (If different from above)				Child date birth:						
Child Gender:				Chil	ld eth	nicity:				
Child Religion:			Child first language:					ild's home iguage		
Child home address & postcode:										
Travel to Nursery		Walk/Car or Van/Car Share/Cycle/Taxi/Bus/Train/Other				er				
Proof of DOB (e.g. birth certificate/passport etc)		Proof of DOB seen by (i.e. name of staff)			e.					
Does your child receive Disability Living Allowance as the provider will be able to claim the Disability Access Funding?					e	Yes	No			

Parent Carer D	etails	Parent/Carer 1:	Parent/Carer 2: (optional)
Legal forename(s):			
Legal surname:			
National Insurance or NASS Number:			
Date of birth:			
2YO golden ticket voucher code (Issued by LCC – 6 digits)		Working parents' eligibility code (11-digit code issued by Childcare Choices)	

Note: The parent/carer details should be completed for the **main** claimant/benefit holder to enable the local authority to confirm eligibility for 2-year-old funding, 30-hour funding and/or EYPP funding

Private/Additional Paid Nursery Session Prices

Sessions	2 YEAR OLDS	3 YEAR OLDS	
3hr SESSION 8.30am – 11.30am or 12.15pm – 3.15pm	£22.50	£19.50	
BREAKFAST CLUB	£8.00	£7.00	
LUNCH CLUB	£6.00	£5.50	
AFTER SCHOOL CLUB (3.15 – 4.00pm)	£6.00	£5.50	
Weekly Contribution	£3.00		

Section 3: Early Education Funded Hours

- Table 1 **MUST** be fully completed for all early education funded hours to be claimed, including the session times agreed and any additional charges that may apply for meals/snacks and/or consumables.
- As the government funding is not intended to cover the cost of meals/consumables parents should expect to pay for these. However, any additional charges cannot be a condition of accessing the funded hours/place.
- The childcare provider is only permitted to claim the hours that have been agreed in table 1.
- Where the total annual hours in table 1 is less than the full year entitlement of 570 universal and/or 570 extended hours the provider may agree to bank these hours to be used later in the term/year. Where this is the case the agreed hours to be banked each term **MUST** be recorded in table 2.
- A record of the actual dates that the banked hours are taken MUST also be kept by the childcare provider for audit purposes.
- If a parent does not use their banked hours, or gives written notice to end their child's place, before all the bank hours have been used the childcare provider **MUST** re-pay the unused hours to the Local Authority.



Table 1: Early Education Funded (EEF) Weekly Hours (core funded sessions)

			H	eation Funded ours st to parent)	Additional/privately funded hours			Daily Charges for Meals/ Consumables (if applicable)
Day	EEF Session Times	Total Funded Hours per Day	No. of Funded Hours (2YO Golden Ticket & 34YO Universal Hours)	No. of Extended/ Expanded Hours (Working Families' Entitlements)	2 Yr. Old	3/4 Yr. Old	Cost	
	7.30 - 8.30							
	8.30 – 11.30							
Mon	11.30 – 12.15							£
	<u>12.15 – 3.15</u>							
	3.15 – 4.00							
	7.30 – 8.30							
	8.30 – 11.30							
Tue	11.30 – 12.15							£
	12.15 – 3.15							
	3.15 – 4.00							
	7.30 – 8.30							
	8.30 – 11.30							
Wed	11.30 – 12.15							£
	12.15 – 3.15							
	3.15 – 4.00							
	7.30 – 8.30							
	8.30 – 11.30							
Thu	11.30 – 12.15							£
	12.15 – 3.15							
	3.15 – 4.00							
	7.30 – 8.30							
	8.30 – 11.30							
Fri	11.30 – 12.15							£
	12.15 – 3.15							
_	3.15 – 4.00							
	ekly EEF Hours							
	of weeks per year				;	38		
	hours per year i							
	ours x no of weel ailable if banking e)							
Total Cost (if applicable)								
Total Wee	Total weekly charge for meals/ consumables (if applicable) £							

Table 2: Banked Hours (if applicable)

Term	No. of Funded Hours (2YO Golden Ticket & 3/4YO Universal Hours)	No. of Extended/ Expanded Hours (Working Families' Entitlements)
Autumn		
Spring		
Summer		
Total banked hours		
Total EEF hours per year (i.e. table 1 and table 2)		
Total Hours to be claimed in headcount (i.e. total EEF hours divided by 38 weeks)		

Section 4: Accessing EEF Entitlement Across Multiple Childcare Providers

Does your child take up any EEF hours at any other childcare provider?	YES	NO
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If yes, please complete the following for all the other providers where your child is accessing their EEF entitlements.

Note: It is the **parent/carer's** decision which provider will claim the funded hours and which provider will claim the extended/expanded hours. This is **NOT** the decision of the provider.

Name of Childcare Provider/School	No. of Funde (2YO golden ticket and		No. of Extended/Expanded Hours (working families' entitlements)		
. 101101101101	Per Week	Per Year	Per Week	Per Year	

Note: the total number of EEF hours across **all** providers cannot exceed a maximum of 570 universal hours and 570 extended hours per year.

If your child is in receipt of DLA and splitting the EEF entitlements across two or more settings, please nominate the main setting who will claim the DAF

Name of setting to claim DAF	

Section 5: Notice Period

- I am entitled to reduce the number of funded hours outlined in this agreement or move my child from the above-named childcare provider to a new childcare provider, providing I give the childcare provider at least 6 (six) weeks written notice.
- There will be no transfer of funding within the term unless written notice has been given by the deadlines specified in section 3 of Appendix 1 Parental Agreement Terms and Conditions of Early Education Funded Places.

Section 6: Declaration

- I confirm that the information I have provided in this agreement is accurate and true.
- I give consent for the information contained within this agreement to be shared with Lancashire County Council (LCC) and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this childcare provider to claim the agreed funded entitlements, as outlined above, on my behalf.
- I confirm the childcare provider named above has provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

Main I	Person with Legal Parental Responsibility	Childcare Provider/School
Name		Rockwood Nursery School
Address		Kingsland Rd, Burnley. Lancashire.
Postcode		BB11 3PU
Email Address		info@rockwoodnursery.com
Telephone No.		01282 426711
Signature		
Date		



CHARGING AGREEMENT & PARENTAL AGREEMENT FOR PAID FOR OR EXTENDED PROVISION

Name of Child:
PAYMENT REQUIREMENTS: -
I AGREE to pay the fees for provision for at least one term. (We require families to provide 6 weeks' notice of change if you wish to withdraw, in order to plan staffing accordingly).
I AGREE to pay the fees for extended provision (BREAKFAST CLUB and AFTER SCHOOL) for at least one week. (We require families to provide a week's notice of change if you wish to withdraw).
It will not be possible to refund unattended sessions as the space and staffing will have been allocated to your child and would not be available to allocate to another in their absence.
Charging Policy
 Rockwood Nursery School will charge an advertised rate for education and activities for children accessing the group, which are advertised at Reception. Parents/carers will be informed of the fees and we would prefer payment in <u>ADVANCE</u> either via Parent Pay or by the use of Tax-Free Childcare Vouchers.
PLEASE TICK how & when you will be paying
School Online Account (ParentPay)
Government Tax Free Vouchers
Weekly Monthly Half Termly Full Termly
 Parents have a responsibility to check their Parent Pay accounts and make regular payments It is understood that some parents pay for provision retrospectively. This must be done in the first few days following the week/month taken. Fees that remain unpaid for a period of 1 week after the taken provision will receive an email to ask for immediate payment. Fees that remain unpaid for 2 weeks will receive an email advising of the loss of place and further action if arrangements are not made to pay the outstanding amount. Fees that remain unpaid for 4 weeks will lose the provision of the place and action will be taken to reclaim the outstanding amount.
Parent's name:
Parent's signature:

Medical Information

Medical Condition(s)	
Medical Note(s)	
Family Doctor	
Address	
Health Visitor	
Permission for school to contact Health Visitor (please tick)	
Dentist	
(If none, please tick when 'Information on Dentists' provided.)	
Signature <u>Date</u>	

