

EARLY YEARS ENTITLEMENT PARENT/ CARER DECLARATION AUTUMN TERM 2011

Please note:

- This form must be completed in full for each child claiming the Early Years Entitlement.
- Eligible birth dates fall between 01 September 2006 – 31st August 2008. Proof of age must be supplied.

PART ONE – PROVIDER DETAILS				
NAME OF SETTING:				
FULL ADDRESS OF SETTING:				
POSTCODE:				
PART TWO – CHILD DETAILS				
FULL NAME:				
ADDRESS:				
POSTCODE:				
DATE OF BIRTH: MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/> (please tick)				
PART THREE – ATTENDANCE DETAILS				
DATE CHILD STARTED ACCESSING EYE AT THE SETTING: / /				
OPTION A	Standard Offer (delivery over 38 weeks per year)	Up to 15 hours per week	Total hours	
OPTION B	Stretched Offer (delivery over 47.5 weeks per year)	Up to 12 hours per week	Hours	Weeks
PART FOUR - CHILD ATTENDING MORE THAN ONE PROVIDER				
If YES, please complete the following: <i>combined entitlement must not exceed 570 hours per year</i>				
OPTION A	Standard Offer (delivery over 38 weeks per year)	Up to 15 hours per week	Total hours	
OPTION B	Stretched Offer (delivery over 47.5 weeks per year)	Up to 12 hours per week	Hours	Weeks
NAME OF OTHER PROVIDER:				
ADDRESS OF OTHER SETTING:				
POSTCODE:				
PART FIVE – PARENT/CARER CONFIRMATION				
I declare that the information above is to the best of my knowledge true and correct and I agree to indemnify the provider against any loss they might suffer as a result of any of the above information being incorrect.				
PARENT/CARER NAME:				
PARENT/CARER SIGNATURE: DATE: / /				