

REGISTRATION AS AN EARLY YEARS ENTITLEMENT PROVIDER APPLICATION FORM

Providers must take note of the following documents: Appendage to the 'Code of Practice for Local Authorities on Delivery of the Free Early Years Provision for Three and Four Year Olds' and the Early Years Entitlement (EYE) Declaration Form.

| | | |
|--|---|--|
| Registration Approved | Name of Person Authorising Registration: | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Signature: | |

| | | | | | | |
|---|------------------------------------|----------------------------------|---|--|--|--|
| Type of Setting | Registration number | | | | | |
| Setting currently registered With Ofsted under the Children Act 1989? Yes <input type="checkbox"/> No <input type="checkbox"/> | Voluntary <input type="checkbox"/> | Private <input type="checkbox"/> | Independent School <input type="checkbox"/> | | | |
| If you teach in a language other than English, please specify which: | | | | | | |
| | | | | | | |

| Basic Information | |
|--|-----------|
| <i>Should any of these details change, please inform The Early Years Entitlement Team at the Birth to Five Service</i> | |
| Name of Setting: | |
| Address of setting: | |
| | Postcode: |
| Telephone Number: | |
| Person responsible for day-to-day Management: | Position: |
| Email Address: | |

| | | |
|---|-----------|--|
| Person whom correspondence should be sent to (if different from above): | Position | |
| Contact Address: | | |
| | Postcode: | |
| Telephone Number: | | |
| E-mail Address: | | |

Please state what time of day it would be most convenient to telephone your setting:

From:

To:

Availability

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Are you open for a minimum of 38 weeks per year?

Yes:

No:

Age range of children attending your setting:

From:

To:

Estimated number of children attending your setting at the start of next term:

Certification

I certify that this setting conforms to all the conditions of eligibility for registration. I undertake that this setting will, while Registered:

- ❖ Commit to inspection of its provision for 3 and 4 year olds by registered inspectors;
- ❖ Abide by the conditions and requirements of the 'Code of Practice for Local Authorities on Delivery of the Free Early Years Provision for Three and Four Year Olds', Lincolnshire's Provider Agreement to this document and the EYE Declaration Form.
- ❖ Provide the required standard of Early Years Education to any eligible child admitted to the setting for whom EYE is claimed.
- ❖ Not impose on parents conditions of access to which they must agree in order to take-up their free hours (e.g. parents **must not** be required to purchase additional hours or pay lunch time charges in order to secure free provision).
- ❖ Not charge "top up" fees (the difference between what a provider would normally charge and the funding they receive from the local authority to deliver the free entitlement) in relation to any free hours.

Signature:

Date:

Name:

Position:

If you have any queries, please telephone (01522) 552752

When completed, please return this form to:

Birth to Five Service, Myle Cross Centre, Macaulay Drive, St Giles, Lincoln, LN2 4EL.