

## EXAMPLE PARENT/ CARER CONTRACT

<b>Child's Name</b> <i>(this information should be the same as shown on the Registration Form)</i>			
Legal Forename:		Legal Surname:	
Other Legal Forenames:		Date of Birth:	

<b>Person With Legal Responsibility</b> <i>(this information should be the same as shown on Registration Form)</i>			
Legal Forename: (as on legal documents)		Legal Surname: (as on legal documents)	
Relationship to Child: (Mother, Father, Legal Guardian)		Contact Number:	

<b>Details of Main Childcare Provider</b>			
Name of Setting:		Address:	
Start Date:		End Date:	

<b>Contract of Attendance</b>										
<b>Statement 1</b>										
Please detail the number of hours to be taken with the main provider named above. If the child is entitled to claim 15 hours free Early Years Entitlement per week please detail the number of hours they are claiming with the named main provider for the EYE.										
I confirm that the above child will access ..... hours of EYE per week over ..... days in the approximate time spans shown below:										
Days of the week	Monday		Tuesday		Wednesday		Thursday		Friday	
EYE Funded/ non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded
Times e.g. 9.30am to 12.30pm										
Total number of hours attendance per week EYE funded ..... and non funded hours .....										
Meals to be purchased per week.....										
I confirm that my child does not access a free place with another provider in Lincolnshire or with a provider in another local authority.										
Parent/ Carer Signature .....Print Name.....										
Date.....										

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**Statement 2**

If the child is claiming the free Early Years Entitlement with **more than** one provider. The total claim must not exceed 15 hours per week and must be accessed over a minimum of three days

I confirm that the above child will access ..... hours of EYE per week over ..... days with the above provider.

This child will also access ..... hours of EYE per week over ..... days with an additional provider (approximate times with additional provider are shown below)

Days of the week	Monday		Tuesday		Wednesday		Thursday		Friday	
EYE Funded/ non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded	EYE	Non funded
Times e.g. 9.30am to 12.30pm										

Total number of hours attendance per week EYE funded ..... and non funded hours .....

Name of additional Setting  
.....

Address.....

Postcode.....

Parent/ Carer Signature.....Print Name.....

Date.....

**Parent Declaration if in receipt of the Early Years Entitlement (Free 15 hour entitlement)**

*This part to be completed by the parent/carer/guardian*

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the flexible entitlement.

I understand that the 15 hours free entitlement must be free at the point of delivery and that I cannot be charged for this in advance.

I do not have to purchase any additional hours to secure free provision, including lunchtime charges.

I have received detailed information from the providers above and have been advised of additional services available for my child and I understand I will have to pay fees for these services.

I understand that I cannot vary the providers detailed within one term of this agreement without the express permission of the provider(s) and the Local Authority.

Signature..... Print Name ..... Date .....

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<p><b>Main Parent Declaration</b></p> <p><i>This part to be completed by the parent/carer/guardian</i></p> <p>Please tick to confirm that you understand that by signing this contract you agree with the following conditions and have been made aware of the following information.</p> <p>[ ] I have received a copy of the setting prospectus/ parent's handbook and details of the fee structure including EYE delivery hours, payment dates and methods.</p> <p>[ ] I have seen copies of the settings policies and procedures and agree to abide by them.</p> <p>[ ] I understand that I may withdraw my child at any time giving 28 days written notice.</p> <p>[ ] I hereby give permission for the information given above to be held on file in compliance with the Data Protection Act 1998.</p> <p>Signature.....</p> <p>Print Name.....</p> <p>Date.....</p>
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<p><b>Childcare Provision Confirmation of Place</b></p> <p><i>This part to be completed by the childcare provider</i></p> <p>I confirm on behalf of the named main childcare provider that we will meet the terms and conditions detailed above.</p> <p>Print Name.....</p> <p>Position within Setting.....</p> <p>Signature..... Date.....</p>
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**N.B. This contract should be completed alongside the registration form which contains additional parental permissions, birth certificate checks and key information relating to the effective care of children.**