

**CHILDCARE CONTRACT FOR THE PROVISION OF EARLY EDUCATION FUNDING (EEF)**

This contract must be complete by the parent/carer with legal responsibility for the child detailed below to enable them to received early education funded hours. This form should be submitted with evidence of the child’s date of birth.

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| **Childcare Provider Name:** | Kingsway Primary & Nursery School |

**Child’s Details**

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| **Legal Family Surname:** | | |  | | | | | **Legal Forename(s):** | | |  | | |
| **Name child is known by** (if different from above): | | | | | | | |  | | | | | |
| **Date of Birth:** | |  | | | | **Email:** | |  | | | | **Gender:** |  |
| **Home Address:** | | | | | | | | | | | | | |
| **Post Code:** | | | | | | | | | | | | | |
| **Date of Birth check – Circle the evidence you will be providing** | | | | | Birth Certificate / Passport | | | | **Evidence seen** | | | Yes / No | |
| **Date** |  | | | | **Signature** | |  | | | | | | |
| **Special Educational Need provision – please tick one of the following:** | | | | | | | | | | | | | |
| None | | | Education, Health and Care Plan | | | | | | | Special Educational Needs Support | | | |
| **Your child’s Ethnicity (for monitoring purposes) please select:** | | | | | | | | | | | | | |
| White | | | | Asian/Asian British | | | | | | Mixed | | | |
| British | | | | Indian | | | | | | White & Black Caribbean | | | |
| Irish | | | | Pakistani | | | | | | White & Black African | | | |
| Traveller/Irish Heritage | | | | Bangladeshi | | | | | | White and Asian | | | |
| Gypsy/Roma | | | |  | | | | | | Any Other Mixed Background | | | |
| Any Other White Background | | | | Any Other Asian Background | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
| Prefer not to say | | | | Black or Black British | | | | | | Chinese or Chinese British | | | |
|  | | | | Caribbean | | | | | | Any Other Ethnic Group | | | |
|  | | | | African | | | | | |  | | | |
|  | | | | Any Other Black Background | | | | | |  | | | |

**Parent’s Details**

|  |  |  |
| --- | --- | --- |
|  | **Mr/Mrs/Ms/Other** | **Mr/Mrs/Ms/Other** |
| **Legal Family Surname:** |  |  |
| **Legal Forename(s):** |  |  |
| **National Insurance Number or NASS Number:** |  |  |
| **Date of birth:** |  |  |

**Funding**

|  |  |  |  |  |  |  |  |  |  |  |
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| **Additional Funding for 3 & 4 Year Old Children** | | | | | | | | | | |
| **Early Years Pupil Premium (EYPP)** is additional funding for children who meet eligibility criteria. This is used to improve teaching and learning facilities, as well as resources to impact positively on all children’s progress and development. Further information is available at [www.trafford.gov.uk/eypp](http://www.trafford.gov.uk/eypp) or you can also speak to your provider.  I authorise thatschool may undertake an EYPP Funding check Yes / No | | | | | | | | | | |
| **Disability Access Fund (DAF)** | | | | | | | | | | |
| **Disability Access Fund (DAF)** is additional funding for children who are in receipt of Disability Living Allowance and are receiving early education funding. It is paid to your child’s early years provider for them to make reasonable adjustments and build the capacity of their setting to support children with disabilities.  Is your child eligible and in receipt of Disability Living Allowance? Yes / No | | | | | | | | | | |
| If your child is splitting their early years education funding across two or more providers, please nominate which  provider the Disability Access Fund should be paid to………………………………………………………………………………………. | | | | | | | | | | |
| **Setting and Attendance Details** | | | | | | | | | | |
| Please indicate the days when you will be accessing your early years funding | | | | | | | | | | |
|  | **Universal 15 Hours half days** | | | | | **Extended 30 Hours full days** | | | | |
|  | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** |
| A – Kingsway Primary School |  |  |  |  |  |  |  |  |  |  |
| If your child is entitled to 30 hours free childcare which is being split between two providers please confirm the details of the other setting | | | | | | | | | | |

**Declaration**

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| **Please tick to confirm you understand the conditions of funding** | |
| I am not able to change my funding during the term unless exceptional circumstances agreed by the local authority |  |
| I cannot claim more than 570 hours per year or 1,140 hours if eligible for the extended 15 hours funding and have a valid 30 hour code |  |
| If I am receiving extended 15 hours funding then I must reconfirm my 30 hour code by the end date to ensure my child remains eligible. If my code isn’t reconfirmed, the funding stops and it is my responsibility to pay for these hours |  |
| I must notify my early years provider if I am accessing 2, 3 or 4 year old funding with another provider within Trafford or another local authority |  |
| If I wish to change early years providers at the start of next term I must give my current provider the required notice |  |
| The information I have provided can be shared with the Department for Education who will access the information from other government departments to confirm my child’s eligibility and enable this provider to claim Free Entitlement Funding; Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF) on behalf of my child |  |
| The information I have provided will be entered into the National Eligibility Checking System to check my child’s continuing eligibility for Early Years Funding |  |
| The information on this form will be stored securely in accordance with GDPR and will be entered onto a funding portal which is accessed by the local authority and my early years provider |  |
| The information I provided can be shared with Trafford Council and the Department for Education. If I live outside Trafford or my early years provider is in another authority, my information can be shared with the relevant authority |  |
| **To be completed by the parent:**  **I** (print name) ……………………………………………………………………………………………………………………………………………………….…….  Of (print address) ………………………...………………………………………………………………………………………………………………….………..  ………………………………………………………………………………….………………………………………… Post Code …………………………………..  I confirm that the information provided is accurate and true. I understand and agree to the conditions set out in this contract.  I authorise the following early years providers to claim Early Years Funding as agreed above on behalf of my child.  **Signature: Date:** | |
| **To be completed by the provider:**  **I** confirm that this form has been checked and is fully complete**.**  **Name: Position:**  **Signature: Date:** | |

**Data Privacy**

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| The Data Protection Act 2018 puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Regulations give rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:   * the right to know the types of data being held * why it is being held * and to whom it may be disclosed   Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Trafford Council.  Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data available at:  <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>  For further information about how Trafford Council handle your personal details please visit:  [www.trafford.gov.uk/earlyeducationprivacynotice](http://www.trafford.gov.uk/earlyeducationprivacynotice) |

If you need to change any of the information provided on this form or wish to withdraw consent for the eligibility checks details above, please co