# **EY2c Parent Declaration Form**



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Legal forename	Legal middle name/s		Lega	Legal surname			
Duefermed eventure (if different)		Data	6 la:		Candan		
Preferred surname (if different)		Date of birth			Gender Male □ Female □		
					Male L	Terriale L	
Ethnicity					l		
☐ White British	☐ Traveller of	Irish Heritag	e	│ □ Indian	1		
☐ White English	☐ Gypsy/Rom			☐ Pakist	ani		
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☐ White Irish	☐ White and E				ther Asian Ba		
☐ Any other white background☐ Black Caribbean☐	│ □ White and A │ □ Any other m		vund	specify	ther ethnic gr	oup, please	
☐ Black African			ot Yet Obtained		specify.		
☐ Any other black background	☐ Refused						
Address							
			Pos	stcode			
2. Two-Year-Old Funding (	only for 2-	year-ol	ds)				
Eligibility Code		Code Issu					
Note: Please provide evidence of ye				reenshot	from the p	parent portal	
or a copy of the email sent to you f	rom the Nurs	ery Fundir	ng Team				
3. Codes and Consent: EYP	-	rs and P	arent/	Carer .	ıntorma	tion	
(Only for 3- and 4-year-o	olds)						
Parent/Carer Legal forename		Parent,	/Carer Le	gal surn	ame		
Date of birth		Nation	al Insura	naa Na.			
Date of Dirth		Or NAS		nce No:			
		OI WAS	) NO.				
L							
Early Years Pupil Premium (I	EYPP) ONL	Y					
Additional funding for your provide			Jah EYPP	to provi	de extra sı	upport/	
additional resources to impact posi	•		-	•		P P	
I wish to apply for EYPP for my			_		•		
,				, ,			
I wish to apply for EYPP for my	child and e	nclose a c	opy of t	he supp	orting do	cument if	
applying under non-economic c	riteria (ado <sub>l</sub>	ption/in c	are/SG	0 etc) [			
			-	-			
30 Hours (extended entitlem	ient) ONLY	Co	de Issue	Date:			
Eligibility Code:							
Note: Extended hours funding start	s the term A	FTFR the	child turr	ıs 3 vear	s old		
Note: Extended flours fullding start	.s the term A		cilla tull	is s year	3 Olu		

# 4. Setting and attendance details

(Name of staff member)

	To	Total funded hours per				Universal	Extended	1
Setting Name	Mon	Tue	Wed	Thur	Fri	hrs per week	hrs per week	Term time E Banked * E Stretched E
								If stretched, how many weeks per year:
Banked hours – composition of special circumstances, banked' to give flexibility are used within a reason Hours banked per week	where to the able tin	stretcl paren ne and	hed fund ts. Care will be	ding is eful con reclaim	siderat ned if n	ion must be	given to ens	
	<u> </u>							
My child also attend	is the	follo	wing o	ther s	etting	y/s: Ur	niversal hrs	Extended hrs
Setting name				I -	otal fun ours pe			
nformation/data-protection/retenti					.uk/counc	il-and-democracy		secure environment in
of your data at any time and your f	urther righ	ts as to h	wall.gov.ul	<u>  Idle your o</u>	be destroy cynotice data can be	yed in a secure m You have the right e found by followi	/data-protection-a anner. to withdraw cons	and-freedom-of- eent to the processing
of your data at any time and your f withdraw your consent please conta	urther righ act the Nur	ts as to h sery Fund	wall.gov.ul	<u>  Idle your o</u>	be destroy cynotice . Y data can be nding@cor	yed in a secure m You have the right e found by followi	/data-protection-a anner. to withdraw cons ng the above link.	ent to the processing
of your data at any time and your for your data at any time and your for withdraw your consent please contained.  Parent/Carer/Guardia confirm that the information I and true. I authorise this provide anding as agreed above on behalf y child will attend regularly, and the sound in the sound	urther righ act the Nur n with have pro er to clain alf of my	ts as to he sery Fundant legal vided about the free er child and	wall.gov.uk now we han ding Team nove is acc ntitlement d I agree	curate that	be destroy cynotice . Y data can be nding@cor  Childc  I confirm accordar was sign form was	yed in a secure more found by followin meall.gov.uk.  are Provide  I will claim the force with the Furied by the parel	/data-protection-a anner. to withdraw cons ng the above link.	ent to the processing Should you wish to ed above and in it. This form in after the
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# Guidance for parents on completing the EY2c Form

### Box 1: Child's Details

All sections must be completed. Please enter the full legal name of your child, i.e. full forename, not shortening or nick name (e.g. Benjamin, not Ben) and the child's legal surname

#### **Box 2: Two-Year-Old Funding**

Please provide evidence of an eligible code **and** start date to your provider, as without these funding may not be available.

#### **Box 3: Codes and Consent**

You must provide your details if either EYPP or 30 hours funding is applicable.

For EYPP, please tick the applicable box so that eligibility checks can be made by Nursery Funding. For 30 Hours, please provide the code **and** the start date. Parents/carers are asked by HMRC to renew their funding code every 3 months. If this lapses, gaps in your funding may occur.

#### **Box 4: Setting and Attendance details**

This is to show the date the funding is to start and the number of funded hours to be claimed.

Please ensure with your provider that:

- The start date of the funding is clearly entered
- The number of hours per day add up to the total per week
- The term-time, banked or stretched boxes are ticked as appropriate

If you have agreed with your provider to bank hours, the total number of hours you wish to claim should include the banked hours. You should also agree a date by which you will have used any banked hours

# Attendance at another setting:

Please discuss any attendance at another setting with the provider and complete this box accordingly. If your claims at both settings total more than the child's entitlement, we will be unable to make any payment for your child until the claims are corrected and the overclaim resolved.

#### **Privacy Statement**

Please ensure you read this section of the form.

# **Signatures**

Both parties should sign, only after the form has been fully completed.

# **Date of Birth Evidence**

Please provide your child's birth certificate or passport, or other documentary evidence of their date of birth as proof they are the correct age to receive the funding.

The provider will note this on the form to ensure accurate data is recorded.