# Hertfordshire parent declaration form



I confirm I have read the privacy statement in full and that a copy has been made available to me on request. This includes why we need your family information, what we will do with it, how long we will keep it, what are your rights, clarification on eligibility and using your Childcare Support hours. By completing this parent declaration form, I am agreeing to the privacy notice.

#### **Child details**

Boxes marked with a * are r	mandatory
First name*	Middle name (s)
Surname*	Date of birth* (dd/mm/yyyy)
Sex*	National health number* (NHS)
Ethnicity*	
Address* (with postcode)	
Early Years Pupil Premium (EYPF	extended criteria (please only tick if applicable)
Adopted	Child arrangement order Child looked after
Special quardianship order	None

### Parent/carer details

This information is required to confirm eligibility for EYPP and Childcare Support. The Early Years Service may contact you by email to gather feedback on the Childcare Support entitlements.

Please ensure you enter the details of the parent who has applied for Childcare Support.

Email*	
First name*	Surname*
Date of birth (dd/mm/yyyy)*	National Insurance Number*
For staff only	
Child's passport/birth certificate number	
Document number recorded by:	
Date document number recorded (dd/mm/yyyy)	

#### **Childcare Support entitlement**

- Autumn period (1 September 31 December) 14 weeks term time
- Spring period (1 January 31 March) 11 weeks term time
- Summer period (1 April 31 August) 13 weeks term time

Is this a stretched offer?	Yes		No	If yes	, how many	y weeks ac	ross the year?		
(If you spread your Childcare Support hours over more than 38 weeks, this is known as the stretched offer)									
Two year old reference code:	(familie	s rec	eiving	addition	al governm	nent suppor	t) you will need	to	
apply via the HCC website									
Childcare Support eligibility code: (for working families entitlement)									
Start date									
No. days per week									
Total hours per week									
Total Childcare Support hours per week									
No. of weeks									
Please complete if child is in	receipt	of D	isabili	ty Livin	g Allowan	ce (DLA)			
DLA form reference number									
DLA form start date (dd/mm/yyyy)  DLA form expiry date (dd/mm/yyyy)									

This allows the early years provider to claim Disability Access Fund (DAF) which supports your child to access their childcare. DAF can only be claimed by one provider.

## Splitting your Childcare Support

<b>5</b>			
Does your child attend another childminder/day nursery/pre-sch	ool/school nursery for their Childcare		
Support entitlement. If yes, name?			
Please note, all early years providers must agree on the Childca	are Support hours offered.		
Parent declaration			
I confirm that my child i	is attending the early years		
provider(s) for the Childcare Support entitlement.			
I understand how the Childcare Support entitlement will be delived receiving a stretched offer and reverts to the term time offer, the available each week may be affected.	, , ,		
I have been made aware of any additional charges, including the	ose for meals, nappies or trips.		
I will make every effort to ensure my child attends the Childcare that to continue receiving Childcare Support (for working families code every 3 months as a minimum, in my government gateway	s) that I need to recheck my eligibility		
Name*	Date* (dd/mm/yyyy)		
Signature*			
Any changes to the declaration must be noted below and signed	d by the parent/carer during the year.		