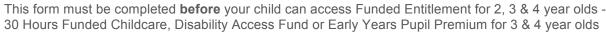
BROMLEY EARLY YEARS PARENT CONTRACT





All Early Years Providers are required by law to keep a record of children's details who are claiming the Funded Entitlement. Completing this form and showing a copy of your child's birth certificate is a condition of your child receiving funding with this provider. You must also show the provider your child's birth certificate as confirmation of your child's legal name and date of birth. Parent Contracts must be kept for **7 years** and made available for audit purposes. Please complete this form in **BLOCK CAPITALS** to claim the funding with this provider.

Child Details	(as o	n the	birth c	ertific	ate)																
Date of Birth		1 1			Gender				Home A	ddress:	s:										
Legal First Names																					
Legal Surname										Post co	de										
Preferred Surnar	me										Ethnicity	/									
Child Data C assists the loca helps to ensure wish to give the	al auth e all c	ority t hildre	to com en have	pile s e an d	tatist oppoi	ics o	on ear	ly ed	lucat ss fu	ion fr	om diff early	erent e	thni	c bac	kgro	unds	. Th	is is	optio	nal	but
Parent / Care	r Det	ails																			
Tick if this pare 30 hours	nt app									Tick if this parent ap 30 hours											
Title			First Name						1	Γitle			First Name								
Surname									Surname												
Email									E	Email	il										
Mobile Number								N	Mobile	pile Number											
National Insurance Number* or NASS											ational Insurance umber* or NASS										
Date of birth*			/	/							of birth'			/		/					
* This information will be used to access additional benefits such as lam2, 30 Hours Funded Childcare, Early Years Pupil Premium (EYPP) and Free School Meals (FSM). It is optional but providers need these details to check for lam2 or 30 hours and cannot offer a place without confirming eligibility.																					
Funded Entit lam2 – Eligible 2 Universal 15 ho Extended Entitle hours per week of	year o urs – A ement	olds ar All 3 & (30 h	re entitl 4 year ours) -	olds a	re en have	ntitled e app	d to a r	maxim	num o	of 15 h e eligi	nours pe	er week teria you	whic ur ch	ch is 5 nild is	70 fu entitle	nded ed to	hour a ma	s ove ximu	m of	30	
Funding / /				Provider Name																	
Provider Address																					
Total booked hours per week This is the total number of hours that your child attends this setting			Hour		Funded Hours are offered: Term time only / Stretched over weeks Delete as appropriate and add the number of weeks over which you offer the stretched funding									ng							
Two Year Old Funding (max 15 hours) I confirm my child is claiming			Hour		Golden Ticket number:																
Universal Funding (max 15 hours) I confirm my child is claiming			Hour																		
Extended Entitlement (max 15 hours) I confirm my child is claiming		Hour		HMRC code:																	

Important - Data Protection Consent
Your signature on this form is your explicit consent for the Early Years Provider and Local Authority to process
personal data relating to you and your child in accordance with the Data Protection Act and UK General Data
Protection Regulation. The information given will be entered onto a computer database and held by the London Borough
of Bromley. Personal data will only be shared as is necessary and always in a fair and lawful manner.
The personal data and information provided will be shared with other agencies as per the above statement and any
Privacy Notice supplied by your provider and only kept for as long as necessary.

Disability Access Fund for DLA Children

For more details - www.bromley.gov.uk/PupilPrivacyNotice

3 and 4 year olds claiming their funded entitlement and who are in receipt of Disability Living Allowance (DLA) will be eligible for the Disability Access Fund (DAF). This is paid directly to this provider as a fixed rate of £615 per year to help them make reasonable adjustments to their settings and/or helping with building capacity (it can be used for your child or can benefit the whole setting).

Yes my child is in receipt of DLA and I would like this provider to claim the DAF.
Please include a copy of the DWP letter

2,3 & 4 Year Old Funding, 30 Hours and EYPP

By giving your National Insurance details you agree that your provider can check eligibility for lam2, 30 Hours Funded Childcare and EYPP. More details can be found at: www.bromley.gov.uk/childcare and www.bromley.gov.uk/eypp

Notice to Leave

You are not obliged to give notice for the funded hours, however, we respectfully ask that you give as much notice as possible whilst also paying due regard to the provider's notice period for non-funded hours.

Declaration -

• I declare my child **does** / **does not** (delete as appropriate) attend another setting. If your child attends another setting, please state the name and the number of funded hours they access:

<u></u> , p										
Provider		Hours								

- I declare the information I have supplied is correct to the best of my knowledge at the time of completion
- · I agree to notify the Early Years Provider of any changes in my child's circumstances
- I understand I can claim a maximum of 570 hours Funded Entitlement in a year or 1140 hours if I meet the eligibility criteria and have supplied the provider with the Eligibility Code
- I understand my child could lose their Funded Entitlement if they do not attend regularly without a reason for their absence
- I declare that my child receives no funded education other than stated above (this includes school)
- I agree that this provider can contact my previous or other providers (if this applies)
- I will endeavour to give as much notice as possible for the funded hours

Parent	Provider – once signed give a copy to the parents
Print Name:	Print Name:
Signed:	Signed:
Date:	Date:
Office use only	
Birth Certificate/Passport seen Yes / No	A copy of this contract has been given to parent/carer Yes / No

Amendments to the number of funded hours during the year										
Booked	F	unded Hou	ırs	Provider Signature	Demont Cinneting	Data				
hours	lam2	Universal	Extended		Parent Signature	Date				
1	Booked	Booked F	Booked Funded Hou	Booked Funded Hours	Booked Funded Hours Provider Signature	Booked Funded Hours Provider Signature Parent Signature				