

**PARENTAL AGREEMENT FOR THE PROVISION OF  
EARLY EDUCATION FUNDED PLACES (EEF)**

**IN YEAR CHANGES TO EEF HOURS/DAYS/TIMES**

**IMPORTANT NOTE:**

This form is only for use when a child's EEF pattern changes during the academic year. It must be attached and saved with the most recent fully completed/signed parental agreement that was in place prior to the changes being agreed. In the event of an overclaim or compliance audit you will be required to provide copies of the original parental agreement and any in-year changes forms.

Child legal forename	
Child legal surname:	
Child date of birth:	

**Table 1a: Early Education Funded (EEF) Weekly Hours**

Date changes become effective from:	
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Day	EEF Session Times	Total Funded Hours per Day	Early Education Funded Hours (Zero cost to parent)			Daily Charges for Meals/ Consumables (If applicable)
			No. of Funded Hours (2YO Golden Ticket & 34YO Universal Hours)	No. of Extended/ Expanded Hours (Working Families' Entitlements)	£	£
Mon					£0.00	£
					£0.00	£
					£0.00	£
Tue					£0.00	£
					£0.00	£
					£0.00	£
Wed					£0.00	£
					£0.00	£
					£0.00	£
Thu					£0.00	£
					£0.00	£
					£0.00	£
Fri					£0.00	£
					£0.00	£
					£0.00	£
<b>Total Weekly EEF Hours</b>					<b>£0.00</b>	
<b>Number of weeks per year (e.g. 38, 47, 51, 52 etc)</b>					<b>£0.00</b>	
<b>Total EEF hours per year i.e. weekly hours x no of weeks</b>					<b>£0.00</b>	
<b>Hours available if banking (if applicable)</b>					<b>£0.00</b>	

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<b>Total weekly charge for meals/ consumables (if applicable)</b>	<b>£</b>
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**Table 2a: Banked Hours (if applicable)**

<b>Term</b>	<b>No. of Funded Hours (2YO Golden Ticket &amp; 34YO Universal Hours)</b>	<b>No. of Extended/ Expanded Hours (Working Families' Entitlements)</b>
Autumn		
Spring		
Summer		
<b>Total banked hours</b>		
<b>Total EEF hours per year (i.e. table 1 and table 2)</b>		
<b>Total Hours to be claimed in headcount (i.e. total EEF hours divided by 38 weeks)</b>		

**Declaration**

- I confirm that the information I have provided in this agreement is accurate and true.
- I give consent for the information contained within this agreement to be shared with Lancashire County Council (LCC) and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this childcare provider to claim the agreed funded entitlements, as outlined above.
- I confirm the childcare provider named above has already provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

<b>Parent/Carer with legal responsibility</b>		<b>Childcare Provider/School</b>
<b>Name</b>		
<b>Signature</b>		
<b>Date</b>		