

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

### Section 1: Placement Details

|                                 |  |
|---------------------------------|--|
| Childcare provider/school name: | ST FRANCIS OF ASSISI CATHOLIC PRIMARY SCHOOL |
| Ofsted registration number:     | 134598                                       |
| EEF placement start date:       |  |

### Section 2: Child & Family Details

|  |     |   |  |
|--|-----|---|--|
| Child legal forename:  |     | Child legal surname:                      |  |
| Name by which child is known: (If different from above)  |     | Child date of birth:                      |  |
| Child ethnicity:   |     | Child Gender:                             |  |
| Child home address & postcode:   |     |   |  |
| Proof of DOB (e.g. birth certificate/passport etc)   |     | Proof of DOB seen by (i.e. name of staff) |  |
| Does your child receive Disability Living Allowance as the provider will be able to claim the Disability Access Funding? | Yes | No  |  |

| Parent Carer Details                                      |  | Parent/Carer 1:   | Parent/Carer 2: (optional) |
|---|--|---|----------------------------|
| Legal forename(s):  |  |   |                            |
| Legal surname:  |  |   |                            |
| National Insurance or NASS Number:                        |  |   |                            |
| Date of birth:  |  |   |                            |
| 2YO golden ticket voucher code (Issued by LCC – 6 digits) |  | Working parents' eligibility code (11-digit code issued by Childcare Choices) |                            |

### Section 3: Early Education Funded Hours

- Table 1 **MUST** be fully completed for all early education funded hours to be claimed, including the session times agreed and any additional charges that may apply for meals/snacks and/or consumables.
- As the government funding is not intended to cover the cost of meals/consumables parents should expect to pay for these. However, any additional charges cannot be a condition of accessing the funded hours/place.
- The childcare provider is only permitted to claim the hours that have been agreed in table 1.
- Where the total annual hours in table 1 is less than the child's annual entitlement the provider may agree to bank these hours to be used later in the term/year. Where this is the case the agreed hours to be banked each term **MUST** be recorded in table 2.
- A record of the actual dates that the banked hours are taken **MUST** also be kept by the childcare provider for audit purposes.
- If a parent does not use their banked hours, or gives written notice to end their child's place, before all the bank hours have been used the childcare provider **MUST** re-pay the unused hours to the Local Authority.

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

| Day   | EEF Session Times | Total Funded Hours per Day | Early Education Funded Hours<br>(Zero cost to parent)                |   |              | Daily Charges for Meals/<br>Consumables<br>(If applicable) |
|---|-------------------|----------------------------|--|---|--------------|--|
|   |                   |                            | No. of Funded Hours<br>(2YO Golden Ticket &<br>34YO Universal Hours) | No. of Extended/<br>Expanded Hours<br>(Working Families'<br>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<br/>(e.g. 38, 47, 51, 52 etc)</b>       |                   |                            |  |   | <b>£0.00</b> |  |
| <b>Total EEF hours per year<br/>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> |  |
| <b>Total weekly charge for meals/ consumables (if applicable)</b>   |                   |                            |  |   |              |  |

**Table 2: Banked Hours (if applicable)**

| Term   | No. of Funded Hours<br>(2YO Golden Ticket & 34YO<br>Universal Hours) | No. of Extended/<br>Expanded Hours<br>(Working Families' Entitlements) |
|--|--|--|
| Autumn   |  |  |
| Spring   |  |  |
| Summer   |  |  |
| <b>Total banked hours</b>                                  |  |  |
| <b>Total EEF hours per year (i.e. table 1 and table 2)</b> |  |  |

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|   |  |  |
|---|--|--|
| Total Hours to be claimed in headcount (i.e. total EEF hours divided by 38 weeks) |  |  |
|---|--|--|

### Section 4: Accessing EEF Entitlement Across Multiple Childcare Providers

|  |     |    |
|--|-----|----|
| Does your child take up any EEF hours at any other childcare provider? | YES | NO |
|--|-----|----|

If **yes**, please complete the following for all the other providers where your child is accessing their EEF entitlements.

**Note:** It is the **parent/carer's** decision which provider will claim the funded hours and which provider will claim the extended/expanded hours. This is **NOT** the decision of the provider.

| Name of Childcare Provider/School | No. of Funded Hours<br>(2YO golden ticket and 34YO universal) |          | No. of Extended/Expanded Hours<br>(working families' entitlements) |          |
|-----------------------------------|---|----------|--|----------|
|                                   | Per Week  | Per Year | Per Week   | Per Year |
|                                   |   |          |  |          |
|                                   |   |          |  |          |
|                                   |   |          |  |          |

**Note:** the total number of EEF hours across **all** providers cannot exceed a maximum of 570 funded hours and 570 expanded/extended hours per year.

If your child is in receipt of DLA and splitting the EEF entitlements across two or more settings, please nominate the main setting who will claim the DAF

Name of setting to claim DAF .....

### Section 5: Notice Period

- I am entitled to reduce the number of funded hours outlined in this agreement or move my child from the above named childcare provider to a new childcare provider, providing I give the childcare provider at least [    ] weeks written notice.
- There will be no transfer of funding within the term unless written notice has been given by the deadlines specified in section 3 of Appendix 1 - Parental Agreement Terms and Conditions of Early Education Funded Places.

### Section 6: 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, on my behalf.
- I confirm the childcare provider named above has provided me with a copy of the terms and conditions of funding (Appendix 1) and that I understand these.

| Parent/Carer with legal responsibility | Childcare Provider/School |
|--|---------------------------|
| Name                                   |                           |
| Address                                |                           |
| Email Address                          |                           |
| Telephone No.                          |                           |

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

|                  |  |  |
|------------------|--|--|
| <b>Signature</b> |  |  |
| <b>Date</b>      |  |  |