BROMLEY EARLY YEARS PARENT CONTRACT



This form **must** be completed <u>before</u> your child accesses funded childcare.

CHILD DETAILS

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 providing a copy of your child's Birth Certificate is a condition of your child receiving funding with this provider. Parent Contracts must be kept for 7 years and made available for audit purposes.

311122 2 2111123										
Legal First Name:					Date of Birth:	Date of Birth:				
Legal Middle Name/s:					Gender:					
Legal Surname:					Home					
Preferred Surname:					Address & Postcode:					
My child receives Disability Living Allowance: YES NO I would					I would lii	ke this provider	to claim	DAF* for my child	: YES	NO
CHILD'S ETHNICITY The information below is a education from different et their potential. If you do no	statutory red thnic backgro	ounds. This is o	optional but	helps to	ensure all o	children have an o	opportun	ity to access funded e	early education	arly on to fulfil
White or White British	Black or Black British			Mixed/[Mixed/Dual Background Asian o			ian British		
Chinese	Refused			Any Otl	ner Ethnic Grou	ıp	•			
PARENT/CARER DE	ETAILS									
Title:					Title:					
Legal First Name:				Legal F	Legal First Name:					
Legal Surname:				Legal S	Legal Surname:					
Date of Birth:				Date of	Date of Birth:					
NINO or NASS***:				NINO o	NINO or NASS***:					
Email Address:				Email A	ail Address:					
*The Disability Access Fund (DAF) is designed to support children with disabilities or special educational needs and is paid directly to the provider to help them make reasonable adjustments to their setting. More details can be found at www.gov.uk/help-childcare-costs **DfE ethnicity codes can be found at: www.gov.uk/quidance/complete-the-school-census/find-a-school-census-code ***NINO = National Insurance Number. NASS = National Asylum Support Service Number. By giving these details you agree that your provider can check eligibility for Under 2YC Working, Together for 2s, 2YO Working, 3&4YO Extended, and EYPP. More details can be found at: www.bromley.gov.uk/childcare .										
FUNDED ENTITLEM	IENT HOU	JRS								
Provider Name:						Pro	vider Postcode:			
Funding Start Date:										
I would like to claim the funded entitlement over:				weeks of the academic year. 38 is term time / 39-52 is stretched						
Together for 2s code:	Together for 2s code: EY2_SENT				Working	Working Eligibility code: 50				
PATTERN OF ATTENDANCE	Booked Hours		er 2YO rking*		ogether for 2s*	2YO Workin		3&4YO Universal	3&4' Extend	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
TOTAL										

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 that my child does does not attend another setting. If your child attends another setting, please state where and the number of funded hours they access:						
Provider Name:	Funded Hours:					
I agree to notify this early years provider of any changes in my child's circumstances						
I understand that I can claim up to 570 hours or 1140 hours if I meet the eligibility criteria	a, per academic year					
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 (including other Local Authorities)						
I agree that this provider can contact my previous or other providers (if this applies)						
I will endeavour to give this provider as much notice as possible for funded hours						
I give permission to this provider and LBB to retain copies of necessary documents relating to my child's funded entitlement						
I understand that I should keep a copy of this completed and signed Parent Contract						
I have read this provider's Admission Policy for funded entitlement and understand the terms						
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. For more details visit www.bromley.gov.uk/PupilPrivacyNotice

	PARENT/CARER	PROVIDER			
I declare that the information I have supplied is correct to the best of my knowledge at the time of completion					
Print Name:		Print Name:			
Signature:		Signature:			
Date:		Date:			

AMENDMENTS TO THE CHILD'S FUNDED ENTITLEMENT HOURS WITHIN A YEAR OF SIGNING THE ORIGINAL CONTRACT								
Funding Start Date:				Eligibility code:				
I would like to claim:	BOOKED	U2YOW*	TF2s*	2YOW*	3&4YO UNI	3&4YO EXT*		
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
TOTAL								

	PARENT/CARER	PROVIDER				
I declare the information I have supplied is correct to the best of my knowledge at the time of completion						
Print Name:		Print Name:				
Signature:		Signature:				
Date:		Date:				

*eligibility code required Version: September 2024