**PARENT / CARER AGREEMENT**

**FOR ALL: FUNDED EARLY LEARNING (FEL/EFE) CHILDREN**

**Statement**

This agreement sets out the arrangement made between the Parent/Carer and Provider for accessing/providing Funded Early Learning (FEL) and for eligible 3 & 4 year olds Extended Free Entitlement (EFE) and/or Early Years Pupil Premium (EYPP). A copy of this agreement must be kept for your records and a copy shared with parent/carer.

**The Period of the Agreement:** between 1st Sept 2024 & Aug 2025 (3 Terms)

|  |  |
| --- | --- |
| **Provider Name:** | |
| **Section 1: Child’s Details** | |
| Legal Surname/Family Name: | Legal Forename (s): |
| Name by which child is known (if different): | Child’s Date of Birth: |
| Full Address:  Post Code: | Gender: |
| Telephone: |

**Section 2: Parent / Carer Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer 1** | Parental Responsibility for child | | | | | | | Yes / No | | |
| Parent Forename**\*:** |  | | | | | | | | | |
| Parent Surname/Family Name**\*:** |  | | | | | | | | | |
| Relationship to Child**\*:** |  | | | | | | | | | |
| Date of Birth: |  | | | | | | | | | |
| National Insurance or National Asylum Support Service number: |  |  |  |  |  |  |  | |  |  |
| **Parent/Carer 2** | Parental Responsibility for child | | | | | | | Yes / No | | |
| Parent Forename: |  | | | | | | | | | |
| Parent Surname/Family Name: |  | | | | | | | | | |
| Relationship to Child: |  | | | | | | | | | |
| Date of Birth: |  | | | | | | | | | |
| National Insurance or National Asylum Support Service number: |  |  |  |  |  |  |  | |  |  |

**\*** Mandatory field

**Section 3: Eligibility Details**

|  |  |
| --- | --- |
| EY Reference Number (*2 Year FEL or  Extended Free Entitlement (30 hours code)*) :- | SEN Code (*codes in Portal dropdown box*) :- |
| Proof of Date of Birth and Home Address checked and confirmation of eligibility provided: *e.g 2 year eligibility letter, 30 Hour EFE Code.)* | Evidence seen*(Date seen and name of staff member)* |

**Section 4: Ethnic Groups** (please circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British | **WBRI** | White/Black Caribbean | **MWBC** | Indian | **AIND** |
| White Irish | **WIRI** | White/Black African | **MWBA** | Pakistani | **APKN** |
| Traveller of Irish Heritage | **WIRT** | White and Asian | **MWAS** | Bangladeshi | **ABAN** |
| Gypsy/Roma | **WROM** | Any other mixed background | **MOTH** | Any other Asian background | **AOTH** |
| Any other white background | **WOTH** | Black Caribbean | **BCRB** | Chinese | **CHNE** |
| Refuse to provide | **REFU** | Black African | **BAFR** | Any other background | **OOTH** |
| Info. Not obtained | **NOBT** | Any other Black Background | **BOTH** |  |  |

First Language:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This is collected for data analysis purposes)*

**Section 5: Early Years Pupil Premium (EYPP)**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits.

If you believe that your child may qualify for EYPP please complete Section 2 with the **Date of Birth, and National Insurance or National Asylum Seeker Support Service Number** to enable the local authority to confirm eligibility.

**Section 6: New Starters to FEL**

|  |  |
| --- | --- |
| New Child: A child that has not taken up a FEL place with any Provider | Yes / No |
| New to the City | Yes / No |
| Date Starting |  |

**Section 7: Attendance**

Providers are required to complete and review the Termly Pattern of Attendance Form. The template can be found online at <http://www.sheffield.gov.uk/home/schools-childcare/fel-funding-providers>

**For children eligible for the Extended Free Entitlement**: the Termly Pattern of Attendance Form needs to identify Universal and Extended FEL hours separately. This is a DfE requirement.

Where more than one provider is delivering the funded childcare there is no difference to the hourly rate. Please note that EYPP is only paid for the Universal Hours element of FEL at a rate of 53p per hour.

Where a child is already attending one provider and requires a second provider to deliver the Extended Hours, it is assumed that the original provider is delivering the Universal Hours.

Where a child is new to **both** settings, parents need to identify which provider is delivering the Universal Hours.

**Section 8: Transferring Providers**

If a child is moving from one provider to another during term time, the existing provider will need to be satisfied that 20 working days’ notice has been given prior to the transfer.

Providers are to ensure they have completed the Transfer Form. A copy of a template can be found online at <http://www.sheffield.gov.uk/home/schools-childcare/fel-funding-providers>

**Section 9: Disability Access Fund Declaration**

Three and four year old children in receipt of Child Disability Living Allowance are eligible for a Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate of £615 per eligible child.

Is your child eligible and in receipt of Disability Living Allowance (DLA)? **Yes No**

If your child is splitting their FEL entitlement across more than one provider please nominate the provider where the local authority should pay the DAF:

**Section 10: Parent/Carer’s Declaration**

**Parent/carer to 🗸 the box**

**Parent to 🗸 the box**

I have read and understood this Parental Agreement and the information I have given in this Agreement, the Termly Pattern of Attendance Form and Children Transferring Providers Form (sections 7 and 8) is accurate and correct.

I understand that my child’s Funded Early Learning will be delivered without charge and that the  
funded hours will be claimed on my behalf by the provider from the Local Authority.

Should my child take up the Extended Free Entitlement and my child is no longer eligible, I will notify the provider that this is the case.

I have received detailed information about any additional services and understand I may incur a cost for any additional hours/services over and above the funded entitlement that my child receives (*e.g. snacks, meals, activities outings/trips*).

I have received information from the provider about the billing and invoicing procedure.

I understand that my child’s attendance should be regular and that I will inform the provider if my child does not attend (*e.g. due to sickness, dentist/doctor appointment).* I am aware if I do not ring or contact the provider they will follow the Local Authority procedures.

I understand that my personal information is held securely and will be used for claiming FEL funding, Early Years Pupil Premium or Free School Meals from the Local Authority. My eligibility for funding and any change to that eligibility will be shared with my current provider and future education settings my child attends where the funding claims are still appropriate.

I understand that details of what the Local Authority can use my child’s data for can be found in the privacy notice at <http://www.sheffielddirectory.org.uk/fel>

The information I have given on this form is complete and accurate and I understand that a copy of this agreement can be made available from my Early Years Provider on request

**Withdrawal**

If you wish, at a later date, to cease funding to support your child, please notify the Local Authority in writing to Early Years Funding, Level 7, West Wing, Moorfoot Building, S1 4PL

or email [EYFELCensus@sheffield.gov.uk](mailto:EYFELCensus@sheffield.gov.uk)

**Parent/Carers MUST Sign & Date the Declaration Below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer’s Declaration** | | | | | |
| Name (please print)  Signed |  | | | |  |
|  |  | Date |  |
|  | | | | | |

**Section 11: Childcare Provider’s Declaration**

**Provider to 🗸 the box**

✓

The information I have provided on this form is complete and accurate.

✓

I will provide the funded hours in line with Sheffield City Council’s FEL Code of Practice, the terms of this agreement, and the Provider Funding Agreement.

✓

I will make available a copy of this agreement available to the Local Authority or parent upon request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider’s Declaration** | | | | | |
| Name (please print)  Signed | L Clements | | | |  |
|  |  | Date |  |
|  | | | | | |

We are committed to ensuring that the personal and sensitive information you share with us is protected and kept safe and secure. We have put measures in place to prevent the loss, misuse or alteration of your personal information.

Information gathered about a child in receipt of Disability Living Allowance (DLA) is sensitive, personal data which should be handled appropriately. Providers are required to pay particular notice to the Information Commissioner’s Office (ICO) notice on holding personal data on <https://ico.org.uk/>

**We would like to thank you for completing this form and helping us to make sure we can claim funding from the Government to improve your child’s outcomes in early years.**