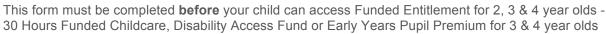
BROMLEY EARLY YEARS PARENT CONTRACT





	All Early Years Provi Entitlement. Complet II Early Years Providers ntitlement. Completing	ting this for s are require	rm and s ed by law	showir to ke	ng a d epar	copy o	of you of chil	r child's birth dren's details v	certific	cate is e clair	a co ning th	nditi ne Fi	on of	f your	child our
	inding with this provider gal name and date of b					-									
Ρ	lease complete this forr	m in BLOCk	CAPITA	ALS to	claim	the fu	unding	•							
	Date of Birth	/	1	Ge	ender			Home Address:							
C	childs Details (as on t	the birth cer	tificate)												
D	Legal First Names ate of Birth:			G	Sende	r:	M/F	Home add	dress:						
L	Legal Surname egal First Name:							Post code							
L	egal Surname egal Surname:							Ethnisity Postcode							
la el U E:	Child Data Collection. This information is a statutory requirement from the Department of Education (DfF) and put lam2 – Eligible 2 year old are entitled to a maximum of 15 hours per week which is 570 funded hours over the year – to check eligibility apply online www.bromley.gov.uk/iam2 Universal 15 hours – All children are entitled to a maximum of 15 hours per week which is 570 funded hours over the year. Extended Entitlement (30 hours) – If you have applied and meet the eligibility criteria for 30 hours funded childcare your child is														
er	ntitled to a maximum of 30 Tick if this parent appli		eek or 11	40 ove	er the y	ear. Sp	beak to	f this parent ar	ow this	funding for	g will be	е отте	erea.		
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	Surname						Surn								
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lf	National Insurance yournchaird attendessanot	ther provide	r (even if	youla	re not	t ¢laim	1	nal Insurance odir†go)rpN&SS c	omple	te this	;				
	Date of birth*	/	/				Date	of birth*		/	/				
	Premium (EYPP) and Free School Meals (FSM). It is optional but providers need these details to check for lam2 or 30 hours Manding after explace without confirming eligibility.														
	Iam2 le ' tit' n ref: – Eligipie 2 year old Ilniversal 15 hours – Al 30 de ith t (hours per week or a max	ds are entitie Il 3 & 4 year o 3 irs	olds are e	ntitled a	to a ma	hc aximun t	n of 15 tr	ibil eri	which ch	is 570 s enti	SEN tled to	a ma	aximur	m of 30	
	Funding ,			Provid	der Na	me									
P	arent / Carer details	(Person w	ith Legal	respo	nsibili	ty for t	the chi	ld)							
Т	Provider itAeddress First Nam	ne				Т	Γitle	First N	ame						
S	Total booked hours per urhiainள் ene total number of h your child attends this settin	nours that	Hours	Funde Delete	ed Hou as app	urs are	offere	d: Term time on	ly / Streeks ov	etched er which	over n you of	fer th	week e strete	s ched fur	nding
Е	Mayo Year Old Funding		Hours	Golde	n Tick	et nun <u>F</u>	b re rail								
M	(max 15 hours) 1960 firm my child is claiming	g					Mobile								
Ν *Τ Ρ	umber rHSiYAGSAL ENOUWA be u remain (EYE), and Free	used to acce g School Me	Hours ess additi als (FSM)	onal b	enefits tional	s such	Numbe as lan ovider:	12, 30 Hours Fu	nded (Childca checl	are, Ea k for 30	rly Y	ears urs ar	Pupil	not
o	(max 15 hours) and Free remium (EYPP) and Free J confirm my child is claimin ffer a place without conf Extended Entitlement	irming eligil	bility Hours												
N	Extended Entitlement attorial Insulance (max 15 hours) Under mary lands solaiming	g		HMR	Code			al Insurance r* or NA\$S							

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 <a href="https://www.bromley.

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:

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										
Date	Booked hours	I	unded Hou	ırs	Provider Signature	Parent Signature	Doto			
affective from:		lam2	Universal	Extended			Date			