**30 Hours Nursery Provision Parental Agreement**

By signing and submitting this form a commitment is created between the parent and school.

**Details of CHILD**

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| --- |
| **Child’s Forename:** |
| **Child’s Surname:** |
| **Address:** |
| **Post Code** |
| **Date of Birth** |
| **Gender: Male/Female** |
| **Please write the name of any other childcare provider you use and for how many hours:** |

**As a school, we agree to provide:**

* Up to 30 hours childcare during the school term-time for 38 weeks (allowing for school inset days).
* 5 days childcare of 2 x 3 hour nursery sessions per week.
* An option of collecting your child for lunch or alternatively committing to **additional charge** for wrap-around care (you will need to provide a packed lunch).
* Places offered on a first come, first served basis, depending on the number of places available in school.

**Please tick sessions requested:**

Morning session: 8.30 – 11.30 a.m. Lunch 11.30 -12.15 p.m. Afternoon session: 12.15 -3.15 p.m.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | **Friday** | | |
| AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**As a parent I agree to:**

* Inform the school if circumstances/eligibility changes.
* Pay for weekly lunch time wrap-around care provision regardless of whether my child attends (I.e. due to illness/holidays) as staffing still needs to be provided.
* Pay in advance on a monthly basis. (If payment is not received, school reserves the right to withdraw the place/wrap-around care for your child)

**Early Years Pupil Premium**

**The EYPP is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their Early Years’ experience by improving teaching and learning and facilities and resources, wit the aim of impacting positively on your child’s progress and development. For more information please visit** [**www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities**](http://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities)

**Disability Access Fund Declaration**

3 and 4 year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the 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 for and in receipt of the DLA?

Yes

No

**If your child is splitting their free entitlement across more than one provider, please nominate the main setting where the local authority should pay the DAF:**

**Parent/Carer/Guardian with legal responsibility declaration**

I (Parent’s name) ………………………………………………………………………of (address) …………………………………………………………………………………………….. confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of provider/s)……………………………………………………………………………

To claim free entitlement funding as agreed above on behalf of my child. In addition, I also agree that the information I have provided can be shared with the local authority and DfE, who will access information from other government departments to confirm your child’s eligibility and enable this provider to claim EYPP or DAF on behalf of my child.

**I confirm that I am aware that extra wrap-around care (Lunch time) sessions are payable in advance and that failure to pay may result in losing my child’s place.**