

**PARENT DECLARATION FORM**

**APPLICATION FOR FREE ENTITLEMENT HOURS FOR ELIGIBLE EARLY YEARS CHILDREN**

**2025/26**

Wokingham Borough Council maintains a register of early years providers who have been assessed as being eligible to offer the Free Entitlement for Early Years Children. Each provider has their own specific offer to parents for the free entitlement depending on their individual circumstances. By applying to any early years provider and signing for a place you are accepting that the free entitlement offer meets your current needs. Should your individual needs change this provider may no longer be able to offer you the free entitlement in accordance with your requirements and you may have to consider an alternative provider who may be better able to meet your requirements.

Please complete this form and return it as soon as possible to your child’s early years provider. The details marked with an asterisk (\*) must be supplied. Information given on this form will be subject to checks for compliance with the Council’s terms of agreement for the Free Entitlement within Wokingham Borough and with ‘*Early Education and Childcare, Statutory Guidance for Local Authorities*’

Please complete Annexe A and/or B if they are relevant to you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Name of Provider \* |  | | | | | |  |
|  |  | | | | | |  |
| Child’s Forename \* |  | | | | | |  |
|  |  | | | | | |  |
| Child’s Middle Name(s) \* |  | | | | | |  |
|  |  | | | | | |  |
| Child’s Surname \* (full legal surname) |  | | | | | |  |
|  |  | | | | | |  |
| Preferred Surname\*   (if different, for use in provision) |  | | | | | |  |
|  |  | | | | | |  |
| Preferred Forename |  | | | | | |  |
|  |  | | | | | |  |
| Date of Birth \* |  | | | | | |  |
|  |  | | | | | |  |
| Gender \* | Male | | |  | Female |  |  |
|  |  | | | | | |  |
| Full Address \* |  | | | | | |  |
| Postcode \* |  | | | | | |  |
| Child’s First Language \* |  | | | | | |  |
| Ethnicity   (tick 1 box as appropriate) |  | WBRI White, British | | | | |  |
|  |  | WIRI White, Irish | | | | |  |
|  |  | WIRT Traveller of Irish Heritage | | | | |  |
|  |  | WROM Gypsy / Roma | | | | |  |
|  |  | WOTH White, any other White Background | | | | |  |
|  |  | MWBC Mixed, White and Black Caribbean | | | | |  |
|  |  | MWBA Mixed, White and Black African | | | | |  |
|  |  | MWAS Mixed White and Asian | | | | |  |
|  |  | MOTH Mixed, any other mixed background | | | | |  |
|  |  | AIND Asian or Asian British, Indian | | | | |  |
|  |  | APKN Asian or Asian British, Pakistani | | | | |  |
|  |  | ABAN Asian or Asian British, Bangladeshi | | | | |  |
|  |  | AOTH Asian or Asian British, other Asian Background | | | | |  |
|  |  | BCRB Black or Black British, Caribbean | | | | |  |
|  |  | BAFR Black or Black British, African | | | | |  |
|  |  | BOTH Black or Black British, any other Black background | | | | |  |
|  |  | CHNE Chinese | | | | |  |
|  |  | OOTH Any other ethnic background | | | | |  |
|  |  | REFU Do not wish to be recorded | | | | |  |
|  |  | | | | | |  |
| Signature of Parent / Carer  (please also print name) \* |  | | | | | |  |
|  |  | | | | | |  |
| Council Tax Authority \* |  | | | | | |  |
|  | | | | | | | |
| TO BE COMPLETED BY PROVIDER | | | Evidence to confirm date of birth  Seen By (print name & position) |  | | | |
|  | | | Date Seen |  | | | |

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| From April 2025 the following children may be eligible for the following entitlements:   * 570 hours universal available for all 3 and 4 year old children from the term after they turn 3 an additional 570 hours is available for working families who have a working family eligibility code. * 570 hours for Supported 2 year olds who have applied for a code through Wokingham Borough Council * 570 hours for 2 year olds from working families with a valid HMRC eligibility code * 570 hours for children 9 months and older from working families with a valid HMRC eligibility code   From September 2025   * 1140 hours for children 9 months and older with a valid working family eligibility code (this includes 570 universal hours for 3 and 4 year olds)   These can be offered term time only (up to 30 hours per week) or can be stretched over the holiday periods where families receive less hours per week over more weeks.    **Extended Entitlement For Working Families**  If you believe you are eligible for any of the extended entitlements for working families you will need to apply through [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) in order to receive an eligibility code. Please enter this code and your national insurance number in the boxes below so that your eligibility can be verified.   |  |  | | --- | --- | | Eligibility code |  | | National Insurance Number |  |   The code has a maximum of a 3 month validity. Every 3 months is it your responsibility to contact HMRC to reconfirm this code. Failure to do so will result in you entering a grace period before funding for the additional hours is stopped.  **Universal and extended entitlement hours**  You need to agree and complete a separate declaration form for each setting your child attends for their early education entitlement for both universal and the extended entitlement. It is important that you include the names of all the providers you use on each of the forms.  Please note that you are able to split your hours over more than one provider as long as your child does not attend more than two sites in any one day.  Please indicate in the table below the provider(s) you wish to use for your free entitlement. If you are eligible for the additional hours you must decide which provider you wish to use for the universal hours and which you will use for the extended hours   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Setting Name | 3 -4-year-olds Universal Hours (maximum 15 per week) \* | 3 – 4-year-olds Extended hours of working families (maximum15 hours per week)\*\*\* | 2-Year-old – Funding for Supported families (15 hours per week)\*\* | 2-Year-Olds funding for Working families \*\*\* | Under 2-year-old funding for working families \*\*\* | Number of weeks claimed in the year (38 for term time only) | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| Notes : \*For universal hours for 3 and 4 year olds add hours to the second column.  \*\*For Supported 2 year olds add hours to the forth column  \*\*\* For Working families add hours to column 2 and 3 for 3 and 4 year olds, column 5 for 2 year olds or column 6 for under 2 year olds |
| **Parental Declaration** |
| Information given on this form will be subject to checks for compliance with the Council’s Provider Agreement for the Free Entitlement and with *Early Education and Childcare Statutory Guidance for Local Authorities.* Any personal information given on this form will be used in accordance with the Privacy Notice issued by the Early Years provider.   * I confirm that the information I have given on this form is complete and correct. * I confirm I understand that the free entitlements must be free at the point of delivery and that I cannot be charged a top up for funded hours. * I have received detailed information from the provider of free entitlements and accept that any additional services I choose to take over and above the free entitlement hours will be charged. * My total hours claimed, if accessed through more than 1 provider, do not exceed my child’s free entitlement. This includes private, voluntary, and independent providers, childminders and Local Authority nurseries / schools in Wokingham Borough and any other Local Authority. * I have indicated that I wish my free entitlement hours to be accessed during term time or stretched over more than 38 weeks (N.B. not all providers offer this) I understand that if I decide to accept a stretched offer and decided to move providers I may not be able to receive the full term time offer at the new provider. * I understand that I am entitled to a maximum of either 570 hours or 1140 per year depending on my eligibility. I understand that should I claim for hours above these limits WBC will not pay my provider and I may be liable to the costs the provider has incurred for the extra provision. * I understand that each provider has their own specific offer to parents for the free entitlement depending on their individual circumstances. By applying to any early years provider and signing for a place I accept that the free entitlement offer meets my current needs and realise that should my needs change the provider may no longer be able to offer me the free entitlement in accordance with my requirements and I may have to consider an alternative provider. I understand that I may not be able to take up funding at an alternative provider until the start of the next funding period. * I give permission for the provider named above to securely send the information written within this declaration to Wokingham Borough Council in order to verify my claim for the free entitlement, early years pupil premium and/or disability access fund. I agree that Wokingham Borough Council can inform the provider of my eligibility status for the entitlements both initially and throughout the time my child is accessing the entitlement. * I understand that should I stop being eligible for any of the entitlements Wokingham Borough Council will inform my provider and will let them know the date the entitlement will stop. * I understand that when I have been offered and have accepted a funded place, information will be shared between my chosen early years provider and Wokingham Borough Council for the collection of data on funded hours, attendance and other data needed to administer the scheme. I agree that information may also be shared with other providers or professionals involved in caring for my child and my child’s school once I have been offered a school place.   Your information is protected by Data Protection regulations.  This means that the information will only be used as stated above, It will be kept safe and secure and you have the right to see what information is being kept about you.  **To be completed by the person / organisation with parental responsibility**   * **I confirm that I have parental responsibility for the child.** * **I have read and understood the statements above and would like my child to have funded sessions at the named provider.** |
| **Signatures**  Parent / Carer: …………………………………………… Date: ……………………  Manager / Supervisor: …………………………………………… Date: …………………… |
| **Annexe A - Early Years Pupil Premium**  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. This funding will be used to enhance the quality of their early years experience by improving the teaching, learning, facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information and eligibility criteria please speak to your childcare provider.  **Economic Criteria**  You must be in receipt of one of the following   * Income Support * Income-based Jobseekers Allowance * Income-related Employment and Support Allowance * Universal Credit. * Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 * the guarantee element of State Pension Credit * Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190 * Working Tax Credit run-on   If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility:  If you believe that your child qualifies under the **economic criteria** please complete the boxes below   |  |  | | --- | --- | | Parent/carer Full Name |  | | Parent/carer Date of Birth |  | | Parent/carer National Insurance Number or NASS number |  |   I agree to my chosen provider running a check with WBC to ensure that I meet the criteria and agree that my chosen provider can claim EYPP on my behalf.  Print Name ………………………………… Signature ……………………………………..  **Special Circumstances**  You may qualify under special circumstances. The criteria for special circumstances are below:  Your child has been adopted from care  Your child left care through a special guardianship order.  If you believe that your child qualifies under the **special circumstances** criteria the person with parental responsibility should sign below  Print Name ………………………………… Signature ……………………………………..  **Annexe B - Disability Access Fund**  Children entitled to any of the free entitlements who are also in receipt of child Disability Living Allowance (DLA) are eligible for the Disability Access Fund (DAF).  **Is your child eligible and in receipt of Disability Living Allowance (DLA)?**  Yes  No  If yes please provide evidence in the form of the award letter to your provider so your claim can be verified with the local authority.  DAF can only be paid to one provider per year regardless of the number of providers your child attends.  Name of child …………………………………………………………….  Childs Date of Birth ………………………………………………………….  Name of setting you wish DAF to be paid to ……………………………………………  I understand I can only claim DAF payment once per year and it cannot be split between providers. I have included the front page of the DLA award letter and agree that this can be shared with the Local Authority to support the claim.    Parents Name……………………………… Signature……………………………… |