**ESSEX COUNTY COUNCIL**

**EARLY YEARS AND CHILDCARE SERVICE**

**APPLICATION FOR REGISTRATION AS A PROVIDER OF FUNDED EARLY EDUCATION ENTITLEMENT (FEEE)**

Data from this form will be held on a computer and may be shared with OFSTED.

Please complete this form electronically and in **BLOCK CAPITALS**

Once ALL fields have been completed, please return this form to [earlyyearsdata@essex.gov.uk](mailto:earlyyearsdata@essex.gov.uk)

If you require any assistance completing this form please contact us at [earlyyearsdata@essex.gov.uk](mailto:earlyyearsdata@essex.gov.uk)

|  |  |
| --- | --- |
| **Setting Name** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Address of Setting** | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **OFSTED Registration Number** | Click or tap here to enter text. |

Please indicate the type of Childcare provider you are and provide relevant registration number where requested:

Childminder

Community Interest Company (CIC) – Please provide Company Registration Number: <Click here to enter text>

Limited Company – Please provide Companies House Registration Number: <Click here to enter text>

Registered Charity – Please provide Charity Commission Registration Number: <Click here to enter text>

School – Please provide DfE Number: <Click here to enter text>

Sole Trader

Partnership

Other – Please provide further details: <Click here to enter text>

|  |  |
| --- | --- |
| **Main Contact Name** | Click or tap here to enter text. |
| **Main Contact Number** | Click or tap here to enter text. |
| **Alternative Contact Number** | Click or tap here to enter text. |
| **Contact Email Address** | Click or tap here to enter text. |

Please note, these contact details will be used for any correspondence relating to your FEEE Registration and/or FEEE Funding queries and requests going forward.

|  |  |
| --- | --- |
| **Contact Address (if different to the Address of Setting)** | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |

**Opening Hours & Sessions**

All information supplied in this section will be recorded by Essex County Council in the first instance, however as a registered FEEE Provider, you will be required to periodically provide up to date information via the Self Update section of the online Provider Portal. Login details and instructions for the Provider Portal will be supplied upon completion of your registration.

If you are providing Early Years Education jointly with another Childcare Provider please supply further details below:

|  |
| --- |
| Click or tap here to enter text. |

Please enter the opening and closing times for your setting each day in hours and minutes: - **Please complete all days, adding zeros if you are closed on certain days.**

|  |  |  |
| --- | --- | --- |
| **Day of the Week** | **Opening Time:** | **Closing Time:** |
| **Monday AM** | **HH:MM** | **HH:MM** |
| **Monday PM** | **HH:MM** | **HH:MM** |

|  |  |  |
| --- | --- | --- |
| **Tuesday AM** | **HH:MM** | **HH:MM** |
| **Tuesday PM** | **HH:MM** | **HH:MM** |

|  |  |  |
| --- | --- | --- |
| **Wednesday AM** | **HH:MM** | **HH:MM** |
| **Wednesday PM** | **HH:MM** | **HH:MM** |

|  |  |  |
| --- | --- | --- |
| **Thursday AM** | **HH:MM** | **HH:MM** |
| **Thursday PM** | **HH:MM** | **HH:MM** |

|  |  |  |
| --- | --- | --- |
| **Friday AM** | **HH:MM** | **HH:MM** |
| **Friday PM** | **HH:MM** | **HH:MM** |

|  |  |
| --- | --- |
| **How many weeks per year is the setting open?** | Click or tap here to enter text. |

**Places**

Please confirm the **maximum capacity** for each of the following age ranges you may have at one time:

|  |  |
| --- | --- |
| **0 – 1 Year Olds:** | Click or tap here to enter text. |
| **1 – 2 Year Olds:** | Click or tap here to enter text. |
| **2 – 5 Year Olds:** | Click or tap here to enter text. |
| **5 – 8 Year Olds:** | Click or tap here to enter text. |