# Essex County Council logo Funded Early Education Entitlement for FEEE1W, FEEE2, FEEE2W, FEEE3-4 & EFE

## Parent / Carer Agreement Form (PAF) for Financial Year 2024/25

Please read the accompanying [Guidance](https://eycp.essex.gov.uk/funding/funded-early-education-entitlement/parent-carer-agreement-forms/) and complete this form for the Funded Early Education Entitlement (FEEE) to be claimed for your child.

**1.Provider details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Registration Number |  |

**2.Child and Parent/Carer details:**

|  |  |
| --- | --- |
| **Child details** | **Parent/Carer details** |
| Legal Forename |  | Title (e.g. Ms, Mrs, Miss, Mr, Dr) |  |
| Legal Middle Name(s) |  | Legal Forename |  |
| Legal Surname |  | Legal Surname |  |
| Gender  | Male [ ]  Female [ ] Not Specified [ ]  | Gender  | Male [ ]  Female [ ] Not Specified [ ]  |
| Address |  | Address (if different from the child’s address) |  |
| Postcode |  | Postcode |  |
| Date of Birth (DD/MM/YYYY) |  | Date of Birth (DD/MM/YYYY) |  |
| Ethnicity |  | NI/NASS Number |  |
| First Language |  | Parental Responsibility | Yes [ ]  No [ ]  |
| Working Parents Entitlement Code (if applicable) |  | Relationship to Child |  |
| **IMPORTANT:** To claim the Working Parent Entitlement, your Eligibility Code **must** be approved by Childcare Choices the term prior to making your claim. Please see [Parent Agreement Form – Guidance](https://eycp.essex.gov.uk/funding/funded-early-education-entitlement/parent-carer-agreement-forms/) for further details. |

**3.Two-Year-Old Funding for Disadvantaged Families:**

If you are claiming Two-Year-Old Funding for Disadvantaged Families, please complete the following section. If you are claiming 3–4-year-old funding or Two-Year-Old Funding for Working Parents, please leave this section blank:

|  |  |
| --- | --- |
| Eligibility Code | TYF881- |
| Eligibility Date  |  |

I consent to my child’s attainment data being shared with Essex County Council: Yes [ ]  No [ ]

**4a.Stretched Funding:**

Funded Early Education Entitlement is offered during term time only, a total of 38 weeks per year. Some Providers will offer to “stretch” the funding allowing you to take fewer hours per week over more weeks per year. If you have agreed to stretch your funding with your Childcare Provider, please include a Stretched Offer Template to confirm the number of funded hours being used per week and include this when returning the PAF to your Childcare Provider.

|  |  |
| --- | --- |
| I am stretching my funding and the hours in Section 4b are correct as per the Stretched Offer Template: | Yes [ ]  No [ ]  |
| A Stretched Offer Template has been completed and included with my PAF: | Yes [ ]  No [ ]  |

**4b.Attendance details:**

Please confirm how you will be taking up your FEEE below. If you share your funding between 2 Childcare Providers, please add the names of both settings and confirmation of the **funded hours** claimed at each. A PAF should be completed for **BOTH** Providers if shared. Please note 2-Year-Old-Funding for Disadvantaged Families cannot be shared and should be claimed at **one setting only**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Term  | Setting Name(s) | No. of Funded Hours per week | No. of Weeks | Total Hours | Parent Signature (or typed name if returned by email) | Date signed |
| Universal | Extended |
| Summer 2024 | 1 |  |  |  |  | . |  |  |
| 2 |  |  |  |  |
| Autumn 2024 | 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |
| Spring 2025 | 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |
| I understand that there may be an additional charge for consumables which will be detailed by my Childcare Provider in our Agreement – see [Parent Agreement Form - Guidance](https://assets.ctfassets.net/knkzaf64jx5x/3KGceg9ydf3a30n19YxvbR/06063d40cb51c93e0d006b08db48a0cc/FEEE_Guide_for_Parents_-_Final_2023-24.pdf) for full details: | Yes, I understand [ ]  |

**5.Early Years Pupil Premium:**

Early Years Pupil Premium (EYPP) is additional funding that may be available to your Childcare Provider to support with your child’s learning and development. For details about the Eligibility Criteria for EYPP please speak to your Childcare Provider or go to: <https://www.essex.gov.uk/early-years-pupil-premium>.

An eligibility check for the economic criteria will be carried out using your surname, date of birth and national insurance number, provided in section 2 of this form. If you would not like your details to be checked, please do not tick the relevant box in section 6.

**6.Parent Declaration:**

You must agree to, and understand, the following Declaration before you are able to claim FEEE with the Childcare Provider named in section 1. Please review the below and mark the boxes to confirm you agree.

Please refer to the Essex County Council Privacy Notice to understand how your information will used and shared ([Essex County Council's Privacy Policy](http://www.essex.gov.uk/privacy-notices/Pages/Default.aspx))

|  |  |
| --- | --- |
| I confirm that the funded hours confirmed in section 4b. are correct and will be claimed by the Childcare Provider(s) named. | I agree [ ]  |
| I understand that I cannot amend the number of **Funded** Hours claimed after Headcount Day (found in the [Parent Agreement Form - Guidance](https://eycp.essex.gov.uk/funding/funded-early-education-entitlement/parent-carer-agreement-forms/)). | I agree [ ]  |
| I understand that the funding in non-transferrable during the term. If I choose to move to another Childcare Provider during a term, **they will be unable to claim the funded hours already committed to the first Provider** and the hours will be chargeable. | I agree [ ]  |
| I agree to my details, provided in section 2, being used to check eligibility for Early Years Pupil Premium. | I agree [ ]  |
| I confirm that my child is **not registered** to attend a reception class in a state school. | I agree [ ]  |
| I have read and understood the [Parent Agreement Form – Guidance](https://eycp.essex.gov.uk/funding/funded-early-education-entitlement/parent-carer-agreement-forms/) document. | I agree [ ]  |
| I understand and consent to the personal information I have provided on this form to be shared with local authority and Department for Education for the purpose of confirming my child’s eligibility and enable this provider to claim the entitlement on behalf of my child.  | I agree [ ]  |
| Authorised by Parent/Carer (PRINT NAME): |  | Date: |
| Signed (or state **Returned by Email**): |  |
| Email Address (if returned electronically your email address will represent your signature and your declaration that the details on this form are correct): |  |
| Provider Signature: |  | Date: |