

Date of birth (if consenting to EYPP

National Insurance/NASS Number

check)

Free Early Education	on and Care Pare	nt Agreement										
	Parents: tick to confirm you have read the Parent Agreement Terms and Key Facts and the Privacy											
Notice You can request a copy from your provider.  ☐ Parents: Tick if your child 'stretched' their entitlement at a previous provider (claimed funding												
during school holic	•	nea then entities	illelit at a previous	provider (claimed rumams								
Provider name:												
If your child attends other providers, please enter their names:												
Provider: I have chec	cked the Child's ori	ginal identification	document (i.e. birth	certificate) and kept a copy. The								
reference number is	:											
SECTION 1: CHILD DETAILS												
Legal forename			Legal surname									
Middle name(s)			Preferred surname									
Address			Postcode									
Audiess			FUSICOUE									
Date of birth			Gender									
Ethnicity			SEN Stage									
•	•	-	• •	claim an annual payment to support								
your child's education. Please see the information and application: <u>Disability Access Funding Application</u> Ethnicity and SEN codes can be found here: <u>Ethnicity-SEN-codes</u>												
SECTION 2: PAREN	T/GUARDIAN DE	TAILS – WORKING	G PARENT ENTITLEI	MENT/EYPP								
By providing your details in this section you are agreeing to Kirklees Council using your details to confirm eligibility for the Working Parent Entitlement and Early Years Pupil Premium (EYPP). The Council will notify the provider of												
the outcome.	and Entitlement and	Larry Tears Fupir F	Telliam (ETT). The	Council will flothly the provider of								
	Data Protection Statement: The Council will not use your details for any other purposes unless required to do so by											
law. If you require m email: earlyeducation			or call: 01484 22100	00 [ask for free early education] or								
Parent Details	Parent Details Pa		1	Parent/Guardian 2 (optional)								
Forename												
Surname												

Your child will also qualify for EYPP if they are looked after by the local authority or have left care via adoption, Special Guardianship or Child Arrangement Order. Please give your provider a copy of the order.

## SECTION 3: WORKING PARENT ENTITLEMENT FOR TWO-YEAR-OLDS AND UNDER [STANDARD AND STRETCHED CLAIMS]

<u> </u>											
11 Digit Eligibility code											
Number of terms											
Enter Weekly Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total			
Funded hours											
Non-funded hours (paid for)											
Total hours											
Signed by the Parent:						Date:					
Signed by the Provider:		Date:									
SECTION 4: TWO-YEAR-OLD ENT SOCIAL NEEDS CRITERIA [STAND COUNCIL REQUIRED.							-				
6 Digit Eligibility code											
Number of terms											
Enter Weekly Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total			
Funded hours											
Non-funded hours (paid for)											
Total hours											
		-1									
Signed by the Parent:			•••••			Date:					
Signed by the Provider:						Date:					
<b>SECTION 5: THREE AND FOUR-Y</b> [COMPLETE FOR STANDARD AND		_	_		_						
UNIVERSAL HOURS.			-								
11 Digit Eligibility code											
Number of terms											
Enter Weekly Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total			
Universal funded hours											
Working Parent funded hours											
Non-funded hours (paid for)											
Total hours											
Signed by the Parent:			•••••			Date:					
Signed by the Provider:						Date:					