

BROMLEY EARLY YEARS PARENT CONTRACT



This form **must** be completed before your child accesses funded childcare.

All Early Years providers are required by law to keep a record of children's details who are claiming the funded entitlement.

Completing this form and providing a copy of your child's Birth Certificate is a condition of your child receiving funding with this provider.

Parent Contracts must be kept for **seven years** and made available for audit purposes.

You are not obliged to give notice for the funded hours; however, we respectfully ask that you give as much notice as possible whilst also paying due regard to the provider's notice period for non-funded hours.

CHILD DETAILS		
Legal First Name*		Home Address and Postcode*
Legal Middle Name/s	If applicable	
Legal Surname*		
Date of Birth*		
Gender*		
Early Learning for 2YOs code	If applicable	
Working Families code	If applicable	

DISABILITY ACCESS FUND			
The Disability Access Fund (DAF) is designed to support children with disabilities or special educational needs and is paid directly to the provider to help them make reasonable adjustments to their setting. More details can be found at www.bromley.gov.uk/help-childcare-costs .			
My child receives Disability Living Allowance	<input type="checkbox"/>	I would like this EY Provider to claim Disability Access Fund for my child	<input type="checkbox"/>

CHILD'S ETHNICITY*							
The information below is a statutory requirement from the Department of Education (DfE) and assists the local authority to compile statistics on early education from different ethnic backgrounds. This is optional but helps to ensure all children have an opportunity to access funded early education to fulfil their potential. If you do not wish to give these details, please tick the 'Refused' box. These categories are provided by the DfE .							
White or White British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	Mixed/Dual Background	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Refused	<input type="checkbox"/>	Any Other Ethnic Group:	_____		

PARENT/CARER DETAILS		
Legal First Name*		
Legal Middle Name/s	If applicable	
Legal Surname*		
Date of Birth*		
NINO or NASS^		
Email Address*		
Legal First Name		Home Address and Postcode
Legal Middle Name/s		If different than above
Legal Surname		
Date of Birth		
NINO or NASS^		
Email Address		

^NINO = National Insurance Number. NASS = National Asylum Support Service Number. By giving these details, you agree that your Early Years Provider and The London Borough of Bromley Early Years Team can check eligibility for Under 2YO Working, Early Learning for 2YOs, 2YO Working, 3&4YO Working, and EYPP. www.bromley.gov.uk/help-childcare-costs.

FUNDED ENTITLEMENT CLAIM*						
Provider Name	Ofsted registered name				Setting Postcode	
Funding Start Date						
I would like to claim my entitlement	<input type="checkbox"/> Term time 38 weeks <input type="checkbox"/> Stretched over _____ weeks					
PATTERN OF ATTENDANCE*	BOOKED HOURS	UNDER 2YO WORKING^	EARLY LEARNING FOR 2YOS^	2YO WORKING^	3&4YO UNIVERSAL	3&4YO WORKING^
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
TOTAL						

^eligibility code required

ADDITIONAL CHARGES*											
I declare that I have read and understood this Early Years Provider's Admissions Policy for funded only hours and agree to the following voluntary additions for my child:											
Food	<input type="checkbox"/>	Non-food	<input type="checkbox"/>	Activities	<input type="checkbox"/>	Private hours	<input type="checkbox"/>	Emergency items	<input type="checkbox"/>	No additions	<input type="checkbox"/>

DECLARATION*	
<input type="checkbox"/> I do not claim part of my funded entitlement at another Early Years setting (including other Local Authorities).	
<input type="checkbox"/> I do claim part of my funded entitlement at another Early Years setting (including other Local Authorities).	
The other Provider's name:	
The number of hours they claim:	<input type="checkbox"/> Term time <input type="checkbox"/> Stretched over _____ weeks
<input type="checkbox"/> I agree to notify this Early Years Provider of any changes in my child's circumstances.	
<input type="checkbox"/> I understand that my child could lose their entitlement if they do not attend this setting regularly without a reason for their absence.	
<input type="checkbox"/> I declare that my child receives no funded early education other than stated above.	
<input type="checkbox"/> I agree that this Early Years Provider can contact my child's previous or other Early Years Providers.	
<input type="checkbox"/> I will endeavour to give this Early Years Provider as much notice as possible when ending my child's funded entitlement.	
<input type="checkbox"/> I give permission to this Early Years Provider and LBB to retain copies of any documents relating to my child's funded entitlement.	
<input type="checkbox"/> I give permission to the Bromley Early Years Team to contact me regarding childcare information relating to my child.	
<input type="checkbox"/> I understand that I should keep a copy of this completed and signed Parent Contract.	
<input type="checkbox"/> I declare that the information I have supplied on this form is correct to the best of my knowledge at the time of completion.	

PARENT/CARER SIGNATURE*		PROVIDER SIGNATURE*	
Your signature on this form is your explicit consent for the Early Years Provider and The London Borough of Bromley to process personal data relating to you and your child in accordance with the Data Protection Act and UK General Data Protection Regulation. The information given will be entered onto a computer database and held by The London Borough of Bromley. Personal data will only be shared as is necessary and always in a fair and lawful manner. The personal data and information provided will be shared with other agencies as per the above statement and any Privacy Notice supplied by your provider and only kept for as long as necessary. www.bromley.gov.uk/PupilPrivacyNotice			
Print Name		Print Name	
Signature		Signature	
Date		Date	