April 2025- March 2026



Provider Ofsted URN*

Date of Birth*

Ethnicity*

Male / Female *

Residency Code*

Parent Declaration Form for Early Years Entitlement Funding for eligible children

* denotes a mandatory field and <u>must</u> be completed

Provider Name*

Legal First Name*

Legal Surname*

Child Details

Address

| Postcode* | | | | | | | 1 | Ethnicity | | | | | | |
|--|--|--|---------------------|-----------|--------------------------|--------------------|--------|-------------------------------|------------------------|--------|-----------------|---------|-----------|-----------|
| HMRC Entitlemen | t code for wo | rking parent | s | | | Natio | nal In | suran | ce N | umbe | r (paren | t who a | oplied fo | or th |
| | | | | | code) | | | | | | | | | |
| arly Years Entitl confirm that my c unding period: | | | ve-nan | ned provi | ider for t | he follo | owing | funde | d ho | urs pe | er weel | κ, per | | |
| Funding Period | Total funded hours available | | No of funded weeks* | | | Hours per week* | | Signature of parent/guardian* | | | Da | ate* | | |
| Summer 25 (1 Apr - 31 Aug) | | Intitlement al – no code I) | | | | | | | | | | | | |
| | (working pare | ntitlement nt entitlement - equired) | | | | | | | | | | | | |
| Autumn 25 (1 Sept - 31 Dec) | 210 hrs Entitlement (Universal – no code required) | | | | | | | | | | | | | |
| | 210 hrs Entitlement (working parent entitlement - code required) | | | | | | | | | | | | | |
| Spring 26 (1 Jan - 31 Mar) | 165 hrs E (Universa required | | | | | | | | | | | | | |
| | 165 hrs Entitlement (working parent entitlement - code required) | | - | | | | | | | | | | | |
| Please note a max etween no more | than 2 provi | ders in one | day. | · | | | | | | | | | ntitler | ne |
| Provider name | | Number of hrs (SMR 2025) | | Numb | Number of hrs (AUT 2025) | | | 25) | Number of hrs (SPR 202 | | | | 202 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Early Years Pupil Premium (EYPP) Declaration (optional completion for eligible aged, funded children)

If you believe your child may qualify for EYPP please provide the following information for the **main benefit holder** to enable the Local Authority to confirm eligibility. Please tick which criteria you believe you qualify under:

| Parent Forename | Parent Surname | Date of Birth | Natio | umbe | per | | | | |
|---|--|--|---|---|--|---|--------------|--|--|
| | | | | | | | | | |
| Income Basis | Looked After Child | Add | opted from ca | are | | | | | |
| If you are unsure of the qualif on EYPP on the Wiltshire Co | • | your provider for mo | re details or | informat | tion can | be fo | und | | |
| Disability Access Fund Dec | laration (optional com | pletion for eligible a | ged, funded | d childre | <u>en)</u> | | | | |
| Children who are in receipt of are eligible for the Disability A eligible child to one early yea | ccess Fund (DAF). DAF | | | | | | | | |
| Is your child in receipt of Di | sability Living Allowan | rce? Yes / No | | | | | | | |
| If yes, please show your child | 's DLA award confirmation | on letter to your cho | sen early yea | ars provi | der. | | | | |
| If your child is splitting their E provider where the Local Autl | | | | ase nom | inate the |) | | | |
| Provider Name | | | Provide | r Ofsted | URN | | | | |
| Parent Declaration* | | | | | | | | | |
| I understand that if I have giv more than the maximum entit my child's place may be taked child, I agree that Wiltshire Co the maximum entitlement ove I understand and give conser Early Years Entitlement inform Government departments, pro statistical analysis purposes to accordance with the requirem | lement with one or more naway. I understand the cuncil has no obligation er the year. It for the information on the mation will be used by Woviders, maintained schoot the Department for Edoty | e providers, I may be at if I choose to take to provide additional this form to be used /iltshire Council to cl pols and other local ducation, Ofsted, and | to process a neck and cor authorities. Id Wiltshire C | imburse e full ent sure my any eligib mpare da It will als council, a | the proviitlement child reconstitution child reconstitution child reconstitution children chi | rider(s for m ceives ks. Th other ed for | y s ne | | |
| Signed: | Date: | Relation | onship to chi | ld: | | | | | |
| Information for providers* | | | | | | | | | |
| This declaration is your evide and for future reference, incluevidence of a claim at any time registers with your provision, seen by ticking the relevant be Establishment Portal. | iding auditing. Please no ne. When a child who is you must obtain proof o | ote that you may be or becomes eligible f eligibility. Please ir | asked by the for Early Ye ndicate which | e authori ars Entit n docum | ity to pro tlement F ents hav | duce Fundir | ng | | |
| Birth Certificate | Passport | DLA av | vard letter up | oloaded | | | | | |
| Position: | | Date: | | | | | | | |