Early Years Entitlements (EYE)

Parent Declaration Form 2026-27

This form is a declaration of what entitlements you will be taking up, and what optional extras you have agreed to pay your provider. It is important that this form is kept up to date and accurate. If you wish to increase or reduce your hours, change what days your child attends, change what optional extras you purchase, or your circumstances mean that the entitlement(s) you are using changes, then you should speak to your provider about updating this form. Your provider may have additional terms and conditions alongside this document. Speak to your provider for more information.

SECTION 1: CHILD DETAILS

Child forename *Include middle names*		**Child surname**	
Date of Birth		**Gender**	☐ Male ☐ Female
Home Address *(including postcode)*		**Date of birth check**	☐ Birth Certificate ☐ Passport
		Date checked:	
Telephone		**Email**	

Early Years Pupil Premium (EYPP) is paid to providers to provide extra support for your child. Ticking yes to the questions below may enable your chosen provider to complete an eligibility check for extra funding. Where eligible, Early Years Pupil Premium, Deprivation Funding (2 year old) and funding for Early Learning for 2 Year Olds (EL2) will be applied.

ADDITIONAL INFORMATION: ☐ Child is looked after by the local authority ☐ Child has left care (adoption / SGO / CAO) ☐ Child has an EHCP ☐ Child receives Disability Access Funding (see below)	**Parent /Carer is:** ☐ Non-UK citizen with No Recourse to Public Funds (NRPF) ☐ Asylum seeker receiving support under Part 6 of the Immigration and Asylum Act 1999? ☐ In receipt of Universal Credit
Please tick the box if you want <u>this</u> provider to claim Disability Access Funding (DAF). *You will need to provide a copy of your DLA award letter to your provider.*	☐ **I nominate this provider to claim DAF.**

SECTION 2: ETHNICITY

☐ White British	☐ Black African	☐ Chinese
☐ White & Asian	☐ Black Caribbean	☐ Other Asian background
☐ White & Black African	☐ Any other Black background	☐ Other mixed background
☐ White Irish	☐ Gypsy/Roma	☐ Other ethnic background
☐ White Traveller of Irish Heritage	☐ Bangladeshi	☐ Do not wish to disclose
☐ Any other White background	☐ Indian	☐ Information not obtained
☐ Pakistani		

SECTION 3: PARENT DETAILS

Lincolnshire County Council is collecting your data for the purposes of checking your eligibility for the childcare entitlements, in accordance with its statutory functions under the Childcare Acts 2006 and 2016.

PARENT/CARER 1		PARENT/CARER 2	
Name		**Name**	
Date of Birth		**Date of Birth**	
National Insurance / NASS		**National Insurance / NASS**	

SECTION 4: WHICH TYPE OF FUNDING IS BEING CLAIMED?

Age	Up to	Eligibility criteria	Tick	Eligibility Code
9 months	30 hours	Working family eligibility criteria	☐	11 digit code
2 year old (EL2)	15 hours	Early Learning for 2 Year Olds – for families in receipt of additional support	☐	6 digit code
2 year old (WP only)	30 hours	Working family eligibility criteria	☐	11 digit code
2 year old (dual eligibility)	30 hours	Early Learning for 2 Year Olds (EL2) **plus** Working family eligibility criteria	☐	11 digit code and 6 digit code
3 & 4 year old (universal)	15 hours	Universal funding	☐	No code required
3 & 4 year old (WP only)	15 hours	Working families <u>extended</u> eligibility criteria	☐	11 digit code

SECTION 5: CLAIM AND ATTENDANCE DETAILS							
Setting 1 name:	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Total no. of hours per week**	**Delivery model**
Total funded entitlement hours attended per day							Standard ☐ (38 weeks) Stretched ☐ (___ weeks) *Insert number of weeks you will deliver across above*
Total extra (chargeable) hours per day							
Total daily hours attended							

If your child attends more than one setting for their funded entitlement, please complete this section.

FUNDED HOURS	Mon	Tues	Wed	Thurs	Fri	Total per week	Delivery model (e.g. 38, 45, 51 weeks)
Setting 2 name:							

SECTION 6: ADDITIONAL SERVICES

Please review your providers current fee structure for the cost of any additional services available to purchase. This should be published on their website or the Lincolnshire Family Information Service. Providers should make parents aware of what types of alternatives are available for those who do not wish to purchase chargeable extras.

	Weekly Cost	Description
Food		Breakfast ☐ Lunch ☐ Dinner ☐ Snack ☐
Additional Hours		See section 5 above
Non-food consumables		Nappies ☐ Wipes ☐ Suncream ☐ Other ☐ Provide details of other:
Extra activities, lessons, events etc		Provide details:

SECTION 7: MOVING FROM ONE SETTING TO ANOTHER

My child has previously claimed their funded entitlements at another childcare setting:
YES ☐ NO ☐

Date notice was given in writing: _____

End of notice period: _____

SECTION 8: PARENT / CARER DECLARATION

Lincolnshire County Council will use the information collected via this form to assess your entitlement to early years funding. For more information on how your data is processed and your rights, please see the privacy notice which can be accessed via the website or made available on request. www.lincolnshire.gov.uk/privacynotice/childrenandfamilies

Parent / Carer (1) Name: _____

Parent Signature: _____

Date: _____

Parent / Carer (2) Name: _____

Parent Signature: _____

Date: _____

SECTON 8: SETTING DECLARATION

Staff Member Name: _____

Staff Member Position: _____

Signature: _____

Date: _____