

Early Years Funded Entitlement Parent Declaration Form (from September 2025)

Provider Details	
Provider name	
Provider address	
Postcode	

This form is to be completed by the parent of an eligible child together with the provider of early years education. Bracketed numbers indicate that there are help notes for your reference on the separate sheet '[Notes on completing the Parent Declaration Form](#)'. **Please ensure you complete all four pages of this form.**

Child's Details (note 1)			
Child's full legal name (as shown in the child's ID reference)			
Forename			
Middle name(s)			
Surname			
Date of birth (day/month/year)			
ID reference		<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate
Ethnic origin (see list in note 2)			
Full home address			
Postcode			

Eligibility Codes (note 3)			
LA issued 2YO	(add your 6 digit reference number)		
Working Families*	(add your 11 digit reference number)		
I give permission to use my details to check my child's eligibility for 2 year old LA Issued EYFE under the economic criteria (note 16)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A My child is already 3 or over

*You will need to reconfirm eligibility every three months when prompted by HMRC via text message and/or email (note 5)

Disability Access Fund (DAF)	
Child is in receipt of Disability Living Allowance (DLA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of nominated provider to receive the DAF payment (note 4)	
Brief details of discussion between parent/carer and provider regarding what the funds will be spent on	

Parent/Carer Details (note 5)			
Parent/carer's full legal name			
Forename			
Surname			
Date of birth (day/month/year)			
National Insurance Number		National Asylum Support Service Number	
Contact phone number(s)			

Early Years Pupil Premium (EYPP) (note 5)

I give permission to use my details to check my child's eligibility for EYPP under the economic criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child is eligible for EYPP under the non-economic criteria	<input type="checkbox"/> Yes (please state)	<input type="checkbox"/> No

Pattern of attendance for the Government funded EYFE hours (see notes 6 and 9)

Agreed start date at provider	(day/month/year)
Agreed start date of EYFE hours at provider for this pattern of attendance	(day/month/year)

Funding Type	Total number of Government funded EYFE hours per week my child will access at this provider
2 year old LA Issued EYFE (maximum of 15 hours)	
3 and 4 year old Universal EYFE (maximum of 15 hours)	
9mths – 4 year old Working Families EYFE (maximum of 30 hours*)	

*or 15 hours if your child is 3 or over, or is also approved for 2 year old LA Issued EYFE. Additional 15 hours can be accessed via Universal EYFE or LA Issued EYFE, totalling 30.

Number of weeks per year **Government funded EYFE hours** will be used (note 8)

Please complete the table below with the **Government funded EYFE hours** for your child:

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun	Total
<i>Example AM</i>	<i>3 hours</i>		<i>3 hours</i>		<i>3 hours</i>		<i>9 hours</i>
<i>Example PM</i>		<i>3 hours</i>	<i>3 hours</i>				<i>6 hours</i>
AM							
PM							

Total number of hours per week child attends (**Government funded + unfunded hours**)

Providers that claim Government funding via the self-stretched method to confirm that:

The provider will claim hours per week on a term time basis, which when stretched will give you hours a week to use over weeks of the year, as reflected above.

Details of additional provider(s) where my child will be also accessing funded hours

This page must be completed if your child is splitting the EYFE across more than one provider. EYFE can be split between multiple providers, but your child can attend a maximum of two sites in one day (Notes 7 and 10).

Additional provider 1 - details

Provider name	
Provider full address (including postcode)	
Start date of EYFE with this provider	(day/month/year)
Days of the week my child attends this provider	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Funding type	Number of hours per week accessed with this additional provider	Number of weeks per year accessed with additional provider
2 year old LA Issued EYFE (maximum of 15 hours)		
3 and 4 year old Universal EYFE (maximum of 15 hours)		
9mths – 4 year old Working Families EYFE (maximum of 30 hours*)		

*or 15 hours if your child is 3 or over, or is approved for 2 year old LA Issued EYFE. Additional 15 hours can be accessed via Universal EYFE or LA Issued EYFE, totalling 30.

Additional provider 2 - details

Provider name	
Provider full address (including postcode)	
Start date of EYFE with this provider	(day/month/year)
Days of the week my child attends this provider	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Funding type	Number of hours per week accessed with this additional provider	Number of weeks per year accessed with additional provider
2 year old LA Issued EYFE (maximum of 15 hours)		
3 and 4 year old Universal EYFE (maximum of 15 hours)		
9mths – 4 year old Working Families EYFE (maximum of 30 hours*)		

*or 15 hours if your child is 3 or over, or is approved for 2 year old LA Issued EYFE. Additional 15 hours can be accessed via Universal EYFE or LA Issued EYFE, totalling 30.

Declaration

I understand that:

- If I am accessing EYFE hours, it must not be compulsory for me to pay for food and consumables such as nappies or sun cream and for services such as trips and yoga. These charges must not be a condition of access. I must be given options for reasonable alternatives which could include allowing me to supply my own or waiving the cost of these items.
- Voluntary contributions are acceptable for items other than those listed above, but must not be included in any invoice totals or added as a condition of access.
- I will be charged for any additional, private paid hours at my chosen setting according to their usual terms and conditions. However, taking up any additional private paid hours must not be a condition of access.
- Invoices and receipts issued by my chosen setting will be clear, transparent, and itemised allowing me to see that I have received my child's EYFE completely free of charge and I am able to understand any fees, paid for additional hours, or services.
- If my child is eligible for Universal EYFE or LA Issued EYFE, I can claim up to a maximum of 15 funded hours for my child per week, across 38 weeks in the year (570 hours per year). For children eligible for EYFE for Working Families I can claim a maximum of 30 hours per week over 38 weeks (1140 hours per year). (Notes 9 and 11).
- If I sign up with a provider, it is my intention to send my child for the funded hours as per the pattern of attendance completed on this form. It is fraudulent to sign up to more EYFE hours than my child is accessing (note 12).
- I can request, via the provider, changes to the number of hours claimed, if this is done before the headcount date of each term. (Notes 13 and 15).
- I must show the provider confirmation of my child's date of birth (note 1).
- If eligible for Disability Access Fund, I must give the provider a copy (no originals) of paperwork to show my child is eligible and in receipt of Disability Living Allowance and have nominated only one provider of my choice to receive the one-off Disability Access Fund payment and will discuss how funds will be spent with my provider (note 4).
- I must provide my name, date of birth and National Insurance or National Asylum Support Service number which will be used by the provider to check eligibility for Early Years Pupil Premium (EYPP), which is paid to the provider. I am aware of how to claim under the non-economic eligibility criteria. If eligible, EYPP and an additional supplement will only apply to the first 15 hours EYFE claimed (note 5).
- If eligible for Working Families EYFE, I give the provider permission to verify my 11-digit eligibility code and provide my child's date of birth and my National Insurance number which will be used by the provider and the Local Authority to verify my eligibility code (note 3).
- I understand that if my child attends a provider on a school site, this does not influence the child's chance of obtaining a place in the reception or foundation class at the school.

Please read the statements below and tick each box to confirm

- ☐ I have completed **ALL** parts of this form in full, including details of any other providers where applicable.
- ☐ I confirm that I have been given a West Sussex County Council leaflet 'Early Years Funded Entitlement, A guide for parents and carers by the Family Information Service' by my provider.
- ☐ I confirm I have seen a copy of the Privacy Notice.
- ☐ I will tell the provider if the arrangements or details on this declaration change (note **15**).
- ☐ I have a copy (or taken a photograph) of this completed and signed declaration for my own records.

This form will not be accepted as evidence to support claiming DAF or settle funding disputes without both the parent and provider signing and dating this declaration.

Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		
Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Information provided on this proforma will be held on a computer system registered under the General Data Protection Regulations (GDPR), 2018. This information is used by the Department for Education in monitoring the use of the funding.

THIS FORM MUST BE RETAINED BY THE PROVIDER, FOR THE CURRENT FINANCIAL YEAR (APRIL TO MARCH), PLUS 2 YEARS FROM COMPLETION DATE AND MADE AVAILABLE AT THE REQUEST OF WEST SUSSEX COUNTY COUNCIL OFFICERS OR OFSTED INSPECTORS.

Record of changes to name or address of child or parent/carer for whom the funded hours are claimed (must be attached to original form).

This section should only be used to record any changes to the child/parent or address information provided on the original Parent Declaration overleaf. Each change **must** be signed and/or dated by the parent and the provider where indicated.

I wish to notify you of a change to my child's name, my name and/or our address (please complete details as appropriate below):

Child's Details			
Child's new legal name (as shown in the child's ID reference)			
Forename			
Middle name(s)			
Surname			
Date of birth	(day/month/year)		
ID reference		<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate
Full home address			
Postcode			

Parent's Details			
Parent/carer's new legal name			
Forename			
Middle name(s)			
Surname			
Date of birth	(day/month/year)		
ID reference		<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate
Full home address			
Postcode			

Signatures (required)			
Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		

Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Note to Provider: Please ensure any changes are updated via the Online Provider Portal when you next submit your child-level headcount claim for this child.