## **BROMLEY EARLY YEARS PARENT CONTRACT**



This form **must** be completed <u>before</u> your child accesses funded childcare.

**Child Details** 

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 7 years and made available for audit purposes.

Legal First Name:						Date of Birth:				
Legal Middle Name/s:					Gender:					
Legal Surname:						Home Address &				
Preferred Surname:						Postcode:				
My child receives Disa	ability L	iving Allowance:	YES	NO	I would lil	ke this provider t	to claim [	DAF* for my ch	nild: YES	NO
Child's Ethnicity The information below is education from different their potential. If you do	ethnic b	ackgrounds. This is	optional but	t helps	to ensure all o	children have an o	pportunity	to access funde	ed early educati	early on to fulfil
White or White British		Black or Black	ck British		Mixed/[	Dual Background	t	Asian or	Asian British	
Chinese		Refused			Any Otl	ner Ethnic Group	0			
Parent/Carer Detail	ils									
Title:					Title:					
Legal First Name:					Legal F	irst Name:				
Legal Surname:				Legal S	Legal Surname:					
Date of Birth:				Date of	Date of Birth:					
NINO or NASS***:				NINO o	O or NASS***:					
Email Address:		Email Address:								
*The Disability Access Fund ( adjustments to their setting. N **DfE ethnicity codes can be f ***NINO = National Insurance 3&4YO, and EYPP. More deta	lore detai ound at: Number	ils can be found at <u>www www.gov.uk/guidance/</u> . NASS = National Asyl	v.bromley.gov complete-the- um Support S	<u>/.uk/helr</u> - <u>school-</u> Service I	p-childcare-cost census/find-a-so	s chool-census-code		·	·	
Funded Entitlemen	nt Hou	ırs								
Provider Name:							Provi	der Postcode:		
Funding Start Date:										
I would like to claim th	ne fund	ed entitlement ove	er:	١	weeks of the	academic year.	38 is term	n time / 39-52 is	stretched	
Eligibility code is:		2YO Working		То	Together for 2s		3&4YO extended			
Eligibility code is.	50				EY2_SENT			50		
Pattern of Attendance	e:	BOOKED	2YO Wor 2YO			ether for 2s* TF2YO		O universal 4YO15	3&4YO ext 3&4YO	
MONI	DAY									
TUESI	DAY									
WEDNESI	DAY									
THURSI	DAY									
FRII	DAY									
TO	TAL									

## **Notice to Leave**

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.

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I declare my child **does / does not** (delete as appropriate) attend another setting. If your child attends another setting, please state the name and the number of funded hours they access:

the name and the hi	umber of funded nours they access:					
Other Provider:		Funded Hours:				
I agree to notify this early years provider of any changes in my child's circumstances						
I understand that I	can claim up to 570 hours or 1140 hours if I meet the eligibility criteria	, per academic ye	ear			
I understand my child could lose their funded entitlement if they do not attend regularly without a reason for their absence						
I declare that my child receives no funded education other than stated above (including other Local Authorities)						
I agree that this provider can contact my previous or other providers (if this applies)						
I will endeavour to give this provider as much notice as possible for funded hours						
I give permission to this provider and LBB to retain copies of necessary documents relating to my child's funded entitlement						
I understand that I should keep a copy of this completed and signed Parent Contract						
I have read this provider's Admission Policy for funded entitlement and understand the terms						

## **Important - Data Protection Consent**

Your signature on this form is your explicit consent for the Early Years Provider and Local Authority 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. For more details visit <a href="https://www.bromley.gov.uk/PupilPrivacyNotice">www.bromley.gov.uk/PupilPrivacyNotice</a>

Parent/Care		Provider		
I declare the information I have supplied is correct to the best of my knowledge at the time of completion				
Print Name:		Print Name:		
Signature:		Signature:		
Date:		Date:		

Amendments to the child's Funded Entitlement Hours within a year of signing the original contract						
Funding Start Date:			My eligibility code/s:			
I would like to claim:	BOOKED	2YO Working*	Together for 2s*	3&4YO universal	3&4YO extended*	
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
TOTAL						

Parent/Carer	Provider	
Print Name:	Print Name:	
Signature:	Signature:	
Date:	Date:	