

FOR USE FROM 1ST SEPTEMBER 2025

Parental Contract for the Early Years Free Entitlement – 9 months+, 2, 3 and 4 year olds

Before completing this form, please tick below which entitlement you wish to claim:

- 9 Month Old Funding for eligible Working Parents – 30 Extended hours
- 2 Year Old Funding for families receiving additional support – 15 Universal hours
- 2 Year Old Funding for eligible Working Parents – 30 Extended hours
- 3 & 4 Year Old Funding – 15 Universal hours and/or 15 Extended hours (if eligible)

Please note this form is mandatory and must be completed before your Early Years Provider can claim the Free Entitlement for your child

Child's details:

Child's legal forename:

Child's legal surname:

Name by which the child is known (if different from above):

Gender: Male / Female

Date of birth:

Ethnic code:

First Language:

Address:

Postcode:

PROVIDER USE ONLY:

Documentary proof of DOB type (e.g. Birth Certificate, Passport, etc.):

Date document recorded:

Document recorded by:

Validity Code for 9 months+, 2, 3 and 4 year old funding (not applicable for 3 & 4 year olds just accessing their Universal hours):

Parent/carer 1:

Forename:

Surname:

Date of birth:

NI Number or Asylum Support Reference Number:

Parent/carer 2:

Forename:

Surname:

Date of birth:

NI Number or Asylum Support Reference Number:

Both entitlements below apply to all funded children if the criteria are met:

Is your child eligible for Early Years Pupil Premium (EYPP)

EYPP is paid to childcare providers to provide extra support for your child. EYPP can be used to improve teaching and learning facilities and resources to impact positively on your child's progress and development. Ticking yes to the questions may enable your chosen provider to receive the EYPP:

Which parent/carer is the main benefit claimant: _____

Are you in receipt of Universal Credit: Yes ____
No ____

Is your child currently looked after by the Local Authority/have they ever been looked after by a Local Authority in England or Wales: Yes ____
No ____

Are you an asylum seeker receiving support under Part Six of the Immigration and Asylum Act 1999? Yes ____
No ____

Is your child eligible and in receipt of Disability Living Allowance (DLA): Yes / No (please delete as appropriate)

The DAF is used to help providers to make reasonable adjustments in their settings, either to support an individual child, or for the benefit of all children attending the setting.

To apply for DAF please talk to your provider and give them a copy of the front page of your child's DLA Award Letter.

If your child is in receipt of DLA and is splitting their free entitlement across two or more providers please nominate below the main setting where the Local Authority should pay the Disability Access Funding (DAF):

Name of Provider: _____

Declaration I (name): _____ confirm that the information I have provided above is accurate and true. In addition, I agree that the information I have provided can be shared with the Local Authority and HM Revenue and Customs, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim the DAF on behalf of my child.

Print Name: _____

Signed: _____ Date: _____

Applies to 9 months+, 2, 3 and 4 year olds

- You need to complete a Parental Contract with each provider your child attends for their Free Entitlement in order to ensure that funding is paid fairly between them.
- The Government require parents to select the provider where you wish your child to continue to receive the Universal 15 Hours should your child no longer meet the criteria to access the Extended 15 Hours.
- Select Universal (U) against the provider(s) providing upto 15 hours of Free Entitlement available to all eligible 3 and 4 year olds.
- Select Extended (E) against the provider(s) providing upto 15 hours of Free Entitlement available to eligible 3 and 4 year olds, eligible 9 month olds and 2 year olds accessing the Working Parents entitlement.
- If funding is being split over 2 providers, both providers have to be offering the same entitlement; both have to be termtime or both have to be stretched. Funding cannot be split over a mixture of them both.

This Contract starts from (date): _____ PARENT TO COMPLETE THIS BOX IN FULL:

Setting name:	Mon	Tues	Weds	Thurs	Fri	Total no. of hours per week	Attendance pattern: TT – termtime or AYR – all year round
Total UNIVERSAL funded entitlement hours attended per day							
Total EXTENDED funded entitlement hours attended per day							
Total extra (chargeable) hours per day							
Total daily hours attended							

To fill in if your child attends more than one setting:

	Mon	Tues	Weds	Thurs	Fri	Total no. of hours per week; please indicate whether Universal or Extended hours being accessed
Setting name:						
Setting name:						

PARENT/CARER/GUARDIAN WITH LEGAL RESPONSIBILITY DECLARATION:

I confirm that the information I have provided on this Parental Contract is accurate and true. I understand and agree to the conditions set out in this Contract and I authorise the provider(s) named above to claim the free entitlement funding as agreed on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	

FOR CHILDCARE PROVIDER USE ONLY:

- The parent/carer is required to recheck their Contract before Headcount Day each Block and if the claim is still correct resign the Contract in the correct box below.

Block 2 2025:

Parent/carer/guardian name:

Parent/carer/guardian signature:

Date:

Childcare provider signature:

Date:

Block 3 2026:

Parent/carer/guardian name:

Parent/carer/guardian signature:

Date:

Childcare provider signature:

Date:

Block 1 2026:

Parent/carer/guardian name:

Parent/carer/guardian signature:

Date:

Childcare provider signature:

Date:

FOR CHILDCARE PROVIDER USE ONLY:

Amendment to Parental Contract Form, please complete as appropriate.

Parent/carer name:

Date change takes effect:

Change of free entitlement hours:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Attendance pattern: TT – termtime or AYR – all year round	Tick if claiming Universal hours	Tick if claiming Extended hours
	MON	TUES	WEDS	THURS	FRI				
Total Daily Free Hours Attended									

Other changes i.e. change of address:

I confirm that the information I have provided on this Amendment Form is accurate and true.

Parent/Carer/Guardian		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	

