

Early Years Entitlements (EYE) Parent Declaration Form 2025-26

Provider Name	
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SECTION 1: CHILD DETAILS

Child forename <small>Include middle names</small>		Child surname:	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Home Address <small>(including postcode)</small>		Date of birth checked	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport
		Date checked:	
Telephone:		Email:	

ADDITIONAL INFORMATION: <input type="checkbox"/> Child is looked after by the local authority <input type="checkbox"/> Child has left care (adoption / SGO / CAO) <input type="checkbox"/> Child has an EHCP <input type="checkbox"/> SEN support being provided by setting <input type="checkbox"/> Non-UK citizen with No Recourse to Public Funds (NRPF) <input type="checkbox"/> Child receives DLA? If yes, see box to right ➔	Please tick the box if you want this provider to claim Disability Access Funding (DAF). <i>Please note that only one provider per child can claim this funding per year. You will need to provide a copy of your DLA award letter to your provider.</i> <input type="checkbox"/> I nominate this provider to claim DAF.
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SECTION 2: ETHNICITY

<input type="checkbox"/> White British <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White Irish <input type="checkbox"/> White Traveller of Irish Heritage <input type="checkbox"/> Any other White background <input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian	<input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <input type="checkbox"/> Other mixed background <input type="checkbox"/> Other ethnic background <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Information not obtained
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SECTION 3: PARENT DETAILS

In some circumstances, your provider can access additional funding to support your child's learning and development. By completing this section, you are authorising an eligibility check for additional funding. Where eligible, Early Years Pupil Premium will be added to FRAS (2 yr) and Universal (3 & 4 yr) funding as a priority.

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

Visit www.childcarechoices.gov.uk for up to date eligibility criteria for government funded childcare.

Families in Receipt of Additional Support (FRAS). You can obtain a 6 digit eligibility code for your 2 year old, from the Lincolnshire Parent Portal. www.lincolnshire.gov.uk/parentportal If you also qualify for 2 year old funding under the working parent criteria, the FRAS code will take priority for use for the first 15 hours of childcare.

Universal Funding: A code is **not** required for up to 15 universal funded hours for 3 or 4 year-olds. This can be claimed in conjunction with working parent's entitlements.

Working Parents (WP): From 9 months to school age. You **must** obtain an eligibility code by 31 March, 31 August or 31 December in order to claim funding in the following term. You **must** reconfirm eligibility every 12 weeks with HMRC through your childcare account www.gov.uk/apply-free-childcare-if-youre-working

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	<input type="checkbox"/>	11 digit code
2 year old (FRAS only)	15 hours	Families in Receipt of Additional Support (FRAS)	<input type="checkbox"/>	6 digit code
2 year old (WP only)	30 hours	Working family eligibility criteria	<input type="checkbox"/>	11 digit code
2 year old (dual eligibility)	30 hours	Families in Receipt of Additional Support (FRAS) plus Working family eligibility criteria	<input type="checkbox"/>	11 digit code and 6 digit code
3 & 4 year old (universal only)	15 hours	Universal funding	<input type="checkbox"/>	No code required
3 & 4 year old (WP only)	15 hours	Working families <u>extended</u> eligibility criteria	<input type="checkbox"/>	11 digit code
3 & 4 year old (dual eligibility)	30 hours	Universal funding and Working families <u>extended</u> eligibility criteria	<input type="checkbox"/>	11 digit code

Working parent codes **must be in date and valid** for use. Parents cannot start to access their working parent funded childcare in the grace period. Working parents must renew their eligibility every three months to continue accessing their working parent entitlements each term. It is your responsibility to renew your working parent eligibility.

SECTION 5: EARLY YEARS ENTITLEMENT CLAIM

Hours to be claimed per week (Input the <u>hours</u> being claimed per eligibility criteria)				Total hours (per week)	Delivery
Provider 1 name:	FRAS (2yr)	Universal (3yr)	WP (all ages)	Max 30	Stretched <input type="checkbox"/> Standard <input type="checkbox"/>
	Max 15	Max 15	Max 30		
Provider 2 name:	FRAS (2yr)	Universal (3yr)	WP (all ages)	Max 30	Stretched <input type="checkbox"/> Standard <input type="checkbox"/>
	Max 15	Max 15	Max 30		

SECTION 6: 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 7: PARENT / CARER DECLARATION (TICK TO CONFIRM)

I confirm I have read my provider's terms and conditions, including their fee structure and notice period to terminate this agreement.

I understand that government funding is not intended to cover the costs of meals/snacks, consumables, additional hours or additional services or trips.

I have entered into an agreement to purchase the following services willingly. Tick as selected (if applicable):

Meals/Snacks Non-food consumables Additional Hours Additional Services None

The personal information I have provided can be held and used in compliance with the Lincolnshire County Council privacy notice, in accordance with GDPR regulations. www.lincolnshire.gov.uk/privacynotice/childrenandfamilies

Parent / Carer (1) Name: _____

Parent / Carer (2) Name: _____

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

SECTION 8: SETTING DECLARATION (TO BE COMPLETED BY MANAGER)

I have checked the parent declaration form is fully completed and signed by the parent / carer

I have confirmed in writing any cost for additional services voluntarily purchased by the parent/carer

Staff Member Name:

Signature:

Staff Member Position:

Date: