

**LUTON NURSERY EDUCATION FUNDING
PARENTAL DECLARATION AND AGREEMENT**

Name of Registered Provider: **CHAPEL STREET NURSERY SCHOOL**

Child's Full Name: Child's Date of birth.....

Child's Address: Postcode:

Parent/Carer contact number:.....

I understand that the following conditions apply:

- My child is entitled to a maximum of 15 hours of **free** nursery education per week over 38 weeks per year, equivalent to 570 hours per year. This may also be spread over 39 to 52 weeks, dependant on the registered provider/s that my child attends.
- Luton Provider's will claim funding from Luton Borough Council for the **free** entitlement hours accessed only.
- I am **not required to pay** for my **free** nursery education entitlement
- Providers **will take NO payment** from me relating to **free** nursery education.
- I am **not required or expected** to take up **additional services** in order to access the **free** entitlement place for my child.
- The maximum weekly **free** entitlement of 15 hours must be taken over **a minimum of 2 days** per week, at a minimum of 3 hours per day and a maximum of 10 hours per day.
- The **free** nursery education can be accessed using a **maximum of 2 providers**.
- Providers may invoice me for the cost of any education already accessed if: my child is ineligible, I am claiming hours in excess of the maximum, I reduce my hours without due notice and/or I remove my child without due notice. The settlement of any payments is determined between myself and my provider.
- Attempting to claim for more than the maximum entitlement may constitute fraud.

I confirm that, in discussion with my provider, I have agreed to commit to my child accessing;

.....hours each week over days over.....weeks for1..... term/s.

I agree to provide ...1..... weeks notice to my provider if I remove my child from this provision.

Parent / Carer to confirm and complete ONE of the following statements: (* delete where not applicable)

Statement 1* - my child does **not** access a **free** place with another provider in Luton or another authority. **And** I have agreed that my child will access the above hours with the above provider.

Statement 2* - I am also claiming or have claimed the free entitlement with another provider this term. I agree that my child will only access the above hours with the above provider. **And** I have also agreed with the following provider that my child will only access;

..... Hours each week over days over.....weeks for term/s with:

Name of additional provider.....

Name of Local Authority (if not Luton).....

The information collected on this form is for use by Luton Borough Council's Children's services, commissioned through early education providers in Luton. This information will be securely kept and maintained by both the council and the commissioned providers for the period during which it is required for funding and audit purposes, to enable the early education provision services to be provided for.

Continue over the page for ethnic monitoring information and authorised signatory requirements.

PLEASE COMPLETE - ETHNIC MONITORING INFORMATION

Luton Borough Council is required to compile information on the ethnicity and disability of all children accessing the free early education entitlement in Luton. To improve the quality of the information, we would be grateful if you could record this as appropriate. The information will only be used to compile statistics on the ethnicity and any disabilities of children benefiting from the free entitlement. **No individual children will be identified through the process.** The categories used below are those used by Luton Borough Council. Please study the list below and tick one box to indicate the ethnic background and one box to indicate any disability of your child. Your assistance in the compilation of this information is greatly appreciated.

WHITE	<u>Code</u>	<u>Key for Disability</u>	<u>Code</u>
British	<input type="checkbox"/> WBRI	Specific Learning Difficulty	<input type="checkbox"/> SPLD
Irish	<input type="checkbox"/> WIRI	Moderate Learning Difficulty	<input type="checkbox"/> MLD
Traveller of Irish Heritage	<input type="checkbox"/> WIRT	Severe Learning Difficulty	<input type="checkbox"/> SLD
Gypsy/Roma	<input type="checkbox"/> WROM	Profound & Multiple Learning Difficulty	<input type="checkbox"/> PMLD
Turkish	<input type="checkbox"/> WTUK	Social, Emotional and Social Difficulty	<input type="checkbox"/> BESD
Turkish Cypriot	<input type="checkbox"/> WTUR	Speech, Language & Communication Needs	<input type="checkbox"/> SLCN
White Other	<input type="checkbox"/> WOTH	Autistic Spectrum Disorder	<input type="checkbox"/> ASD
MIXED/DUAL		Visual Impairment	<input type="checkbox"/> VI
White & Black Caribbean	<input type="checkbox"/> MWBC	Hearing Impairment	<input type="checkbox"/> Hi
White & Black African	<input type="checkbox"/> MWBA	Multi-Sensory Impairment	<input type="checkbox"/> MSI
White & Asian	<input type="checkbox"/> MWAS	Physical Disability	<input type="checkbox"/> PD
Other mixed background	<input type="checkbox"/> MOTH	Other	<input type="checkbox"/> OTH
ASIAN /ASIAN BRITISH		Prefer not to say	<input type="checkbox"/>
Indian	<input type="checkbox"/> AIND		
Pakistani	<input type="checkbox"/> APKN		
Bangladeshi	<input type="checkbox"/> ABAN		
Kashmiri	<input type="checkbox"/> AKAO		
Other Asian	<input type="checkbox"/> AOTH		
BLACK OR BLACK BRITISH			
Caribbean	<input type="checkbox"/> BCRB		
African	<input type="checkbox"/> BAFR		
Other Black background	<input type="checkbox"/> BOTH		
CHINESE			
Chinese	<input type="checkbox"/> CHNE		
ANY OTHER ETHNIC GROUP			
Other Ethnic Group	<input type="checkbox"/> OOTH		
		Please specify:	
Prefer not to say	<input type="checkbox"/> REFU		

Parent/Carer Signature: **Date:**

Please print your name:

Proof of child's eligibility provided: Birth Certificate Other (specify).....

Authorised signatory of the registered provider..... **Date**.....

(Use this information for your nursery education headcount return, retaining the document securely).