

**AN AGREEMENT BETWEEN  
PARENTS / CARERS, EARLY YEARS PROVIDERS AND CALDERDALE COUNCIL  
FOR THE PROVISION OF THE FUNDED EARLY EDUCATION ENTITLEMENT FOR 2 YEAR OLDS**

**To be completed by the Parent / Carer**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

(Please tick)

White & British   
 White & Irish   
 Traveller of Irish Heritage   
 Gypsy / Roma

White & Asian   
 Indian   
 Pakistani   
 Bangladeshi   
 Chinese

White & Black Caribbean   
 White & Black African   
 Black Caribbean   
 Black African   
 Any Other

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of Parent / Carer 1: \_\_\_\_\_

Name of Parent / Carer 2: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**To be completed by the Provider**

Your child has been offered a funded early education place with:

Name of Provider: \_\_\_\_\_

Form of ID seen to confirm DOB: \_\_\_\_\_

(Please circle)

Birth Certificate

Passport

Red Book

Other (Please specify) \_\_\_\_\_

Date ID seen: \_\_\_\_\_

Staff initials: \_\_\_\_\_

Funding Start Date: \_\_\_\_\_

Hours Claimed per Week: \_\_\_\_\_

No. of Weeks Claimed over: \_\_\_\_\_

**Hours agreed – Please note Early Education is funded for up to 15 hours per week over 38 weeks a year, any alternative offer is at the Provider's discretion.**

Day	Session Times Attended AM/ PM / Full Day	Total Hours Per Day	EE Funded Hours Per Day	Chargeable Hours Per Day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Early Education Funded Hours:				

**In the event of a Change of the Hours Agreed, a new Agreement should be issued and signed by the Parent /Carer and the Provider.**

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent / Carer to complete one of the following statements**

**Statement 1: One Provider only**

*(If your child is claiming up to a maximum of 15 funded hours per week, over a minimum of 2 days, at the provider named above)*

I confirm that my child will access \_\_\_\_\_ hours per week over \_\_\_\_\_ days.

I confirm that my child does not access a funded place with another Calderdale provider or with a provider in another Local Authority.

**Statement 2: More than one Provider**

*(If your child is claiming the funded entitlement with more than one provider. The total claim must not exceed 15 funded hours per week and must be accessed over a minimum of 2 days.)*

I confirm that my child will access \_\_\_\_\_ hours per week over \_\_\_\_\_ days with this provider

And he / she is also accessing \_\_\_\_\_ hours per week over \_\_\_\_\_ days with the provider below

**Name of 2<sup>nd</sup> Provider:** \_\_\_\_\_

Please tick to show that you agree with the following conditions of Early Education Funding

I understand that I cannot be charged for the Funded Early Education Entitlement.

I have received detailed information from this provider of additional **optional** services available for my child.

I have agreed to pay fees for these additional services based on the times agreed and not actual attendance.

I understand that if I have given any false information on this form, I may be asked to reimburse the provider.

I understand that if my child's attendance drops below a satisfactory level, I may be required to refund the relevant amount of Early Education Funding to my provider (s).

I understand that checks will be made on the system and that I am required to show my provider my child's birth certificate / passport / red book as proof of his / her date of birth.

**Parent / Carer's  
Signature:**

**Date:**

*Information on the Funded Early Education Entitlement please contact:*

**Early Years & Childcare Sufficiency Team, Calderdale M.B.C, Northgate House, Northgate, Halifax HX1 1UN  
Tel. No. 01422 392695 or 01422 392576, Email: eef@calderdale.gov.uk**

Calderdale MBC will ensure that any personal information provided on this form will be treated in accordance with the provisions of the Data Protection Act 1998. Calderdale MBC is a Data Controller of the information you have provided on this form. The Council must protect the public funds it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds. The Council will not share your information for any other purpose without your explicit consent.

*For further information about this please contact the Council's Information Management Co-ordinator on 01422 392298.*