

Child Details (as on birth certificate)

Date of Birth:

Legal First Name:



St Peter and St Paul Nursery Parent Contract

This form must be completed **before** your child can access Free Entitlement for 2, 3 and 4 year olds – 30 Hours Funded Childcare, Disability, Access Fund or Early Years Pupil Premium for 3 and 4 year olds.

St Peter and St Paul is required by law to keep a record of children's details who are claiming the Free Entitlement. Completing this form and showing a copy of your child's birth certificate is a condition to your child receiving funding with St Peter and St Paul. You must also show your child's birth certificate as confirmation of your child's legal name and date of birth. Parent contracts will be kept for **7 years** and made available for audit purposes. Please complete this form in **BLOCK CAPITALS**.

Gender:

Male/Female

Home Address:

Legal Surname:						Post Co	ode:	
Preferred Surname:	ame:					Funding Start Date:		
Free Entitlement Hours Iam2 – Eligible 2 year olds are Universal 15 hours – All 3 an year. Extended Entitlement (30 h 30 hours per week or a maximu offered.	d 4 year old ours) – If y um of 1140	s are entitl ou have ap hours stre	ed to a maxi oplied and m tched over t	mum of 15 h neet the eligib he year. Spea	nours per woodlity criteria	veek which a your chi	h is 570 funded hours over the ld is entitled to a maximum of bout how this funding will be	
Provider Name:		and St l c Primar ny		Post Cod	le:		BR5 2SR	
Total booked hours per w This is the total amount of hou child attends this setting	Hours	Funded l weeks	hours are offered: Term time only/Stretched over 38					
Two Year Old Funding (max 15 hours) I confirm my child is claiming		Hours	Iam2 (Ol	EYE) ref co	ode:			
Universal Funding (Max 15 hours) I confirm my child is claiming		Hours	EYPP (C	EYPP) ref	code:			
Extended Entitlement (Max 15 hours) I confirm my child is claiming		Hours	HMRC c	ode: l (OEFE) re	ef code:			
Other Providers – If your mark as 0)	child claim	is at any o	other provid	der please c	omplete t	his (if yo	u are not claiming funding	
My child also claims			al hours ea ed Entitlen		At:			
My child also claims			al hours ea ed Entitlen		At:			

Γitle:	etails (person with First		Title:		First Name:		
	Name:						
Surname:			Surname:				
Email:			Email:				
Mobile Number:				Mobile Number:			
National Insurance				National Insurance			
Number* or NASS	:			Number* or NASS:			
Date of Birth*:	/ /	/ /		Date of Birth*:		/ /	
our signature on thi	rotection Consent s form is your explicit our child in accordance						
with other agencies a For more details - ht https://www.bromley.g Child Data Collecti		ent and any Privacy l saintpaulcatholicprimar	Notice supplied y.co.uk/page/?ti	d and only kept	for as long as necessation+information&pid=	ary. = <u>1926</u>	
tatistics on early edu pportunity to access	cation from different of free early education to give these details plea	ethic backgrounds. To fulfil their potential	his is optional l.	but helps to en	sure all children have		
Etimicity.		Country of Birtin.				te as required	
		Nationality:				/K/E	
First Language:							

By giving your National Insurance det5ails you agree that your provider can check eligibility for Iam2, 30 hours Funded Childcare and EYPP. More details can be found at: www.bromley.gov.uk/childcare and www.bromley.gov.uk/eypp

Notice to Leave

By signing the Parent Contract you are agreeing to the terms and conditions and part of those conditions is to give a half a term written notice to leave.

Declaration

- I declare the information I have supplied is correct to the best of my knowledge at the time of completion
- I agree to notify St Peter and St Paul of any changes in my child's circumstances
- I understand I can claim a maximum of 570 hours Free Entitlement in a year or 1140 hours if I meet the eligibility criteria and have supplied the provider with the Eligibility Code
- I understand my child could lose their Free 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 (this includes school)
- I agree that St Peter and St Paul can contact my previous or other providers (if this applies)

Parent	Provider
Print Name:	Print Name:
Signed:	Signed:
Date:	Date:
Office Use Only	
Birth Certificate / Passport Seen Yes/No	A copy of this contract has been given to the parent Yes/No

Amendments to the number of funded hours during the year									
Term/Year	Booked	Funded Hours			Date effective	Parents Signature	Date		
eg. Spring	hours	Iam2	Universal	Extended	from:				
2020									