

# EY2c Parent Declaration Form



## 1. Child details

Legal forename	Legal middle name/s	Legal surname
Name by which child is known (if different)		
Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	2 year old URN
Ethnic origin		
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Pakistani <input type="checkbox"/> Sri Lankan Other <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> White/Asian	<input type="checkbox"/> White/Black African <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> Any other Ethnic Group <input type="checkbox"/> Refused <input type="checkbox"/> White Cornish <input type="checkbox"/> White Eastern European <input type="checkbox"/> White English <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Greek <input type="checkbox"/> White Irish <input type="checkbox"/> Travellers with Irish Heritage	<input type="checkbox"/> Any other White background <input type="checkbox"/> Other White British <input type="checkbox"/> Gypsy <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Other Gypsy/Roma <input type="checkbox"/> Roma <input type="checkbox"/> White Scottish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Turkish <input type="checkbox"/> White Welsh <input type="checkbox"/> White Western European
First language		
Address		
Postcode		

## 2. Setting and attendance details

My child is attending the following setting from: \_\_\_\_\_ start date

Setting Name	Enter total funded hours attended per day					Universal hours per week	Extended hours per week	No of weeks per year (38 or 51)
	Mon	Tue	Wed	Thur	Fri			

My child also attends the following other setting/s:

Setting Name	Total funded hours per week	Universal hrs per week	Extended hrs per week

**Please ensure that the total funded hours do not exceed 15 hours (or 30 if eligible)**

### 3. Carer details for Early Years Pupil Premium

If you believe that your child may qualify for the EYPP please provide the following information for the main benefit holder to enable the local authority to confirm eligibility:

Title	Legal forename	Legal surname
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth	Relationship
Parental responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/carers National Insurance No/ NASS No.	
OR state other criteria:  <b>I enclose a copy of the supporting document</b> <input type="checkbox"/>		
Does applicant live at same address as child? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No give applicant's address:	

### 4. Additional details for children claiming 30 hours free childcare

Parent/carers National Insurance no. (if not given above)	30 hours eligibility code
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### 5. Declaration

The information supplied on this form will be used so that Cornwall Council can assess entitlement to receive Nursery education (funded early learning) and other pupil benefits such as the Pupil Premium which can be claimed from the Department for Education to support your child at school. We will also share this information with relevant partners including the Family Information Service, Children's Centres, the NHS, Childcare providers, Special Educational Needs & Provision team and/or the Councils Disability Service. Anonymised information may also be shared to measure performance and to evaluate geographical spread of need. Your information will be held securely on password protected networks. Information will be held for 5 years after completion of the funded sessions and will then be disposed of securely in line with the Councils Destruction Policy. You declare that the information you have provided is accurate and true. A copy of the Council's Data Protection Act Policy can be found at [www.cornwall.gov.uk](http://www.cornwall.gov.uk).

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

#### **For completion by setting**

Type of documentary proof of Child's DoB (eg Birth Certificate, Passport)	
Reference number of proof	
Date document recorded	
Document recorded by (name of staff member)	