|  |  |  |
| --- | --- | --- |
|  | **Parent Declaration Form**  |  |
|  |
| **Provider Name:** | **Winkleigh Primary School - Nursery** |

Parents must complete and sign this Declaration Form **with each Devon provider your child attends** for their early years entitlement. This will help to ensure that funding is paid fairly between them.

Your child can attend provision on a maximum of two sites in a single day and if your child attends more than one provider Devon County Council (DCC) will fund all providers based on the hours your child is booked into those provisions.

**Child’s Details** (to be completed by the parent/carer)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Name** | **Middle Name(s)** | **Last Name** |
| **Legal Name:** |  |  |  |
| **Chosen Name:** |  |  |  |
| **Date of Birth:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | **Gender:** | **Male / Female** |
| **Address:****Postcode:** |  |
| **Childs ethnicity:**(select one)Not obtainedRefused | White-British | White-Irish | Traveller of Irish heritage | Any other white back- ground | Gypsy/Roma | White & Black Caribbean |
| White & Black African | White & Asian | Any other mixed background | Indian | Pakistani | Bangladeshi |
| Any other Asian back-ground | Black -Caribbean | Black- African | Any other Black back- ground | Chinese | Any other ethnic group |
| **Language spoken at home:** |  |
| **Document with proof of child’s birth date** (e.g. birth certificate, passport): |  | **Document details recorded by** (name of staff member): |  |
| **Date:**  |  |

**Parents/Carers Details**

**Parent/Carer 1:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Address:****Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Parent/Carer 2:**

|  |  |
| --- | --- |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Town** |  | **Postcode:** |  |
| **Does the child normally live with this parent/carer?** | **Yes / No** |
| **Home Tel:** |  | **Work or Mobile Tel:** |  |
| **E-mail:** |  |

*Please provide details of further parent/carers on a separate sheet if needed.*

Emergency Contact Details (to be completed by the parent/carer)

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to child:** |  |
| **Emergency Contact Tel:** |  |

Medical Notes

|  |
| --- |
|  |
| **Emergency consent** (eg the school has permission to give/arrange emergency treatment) **Yes / No** |
| **Doctors Name, Surgery Address and Telephone No:** |

Special Requirements

|  |
| --- |
|  |

Dietary Needs

|  |
| --- |
|  |

Any other information:

|  |
| --- |
|  |

**Free School Meals**

The entitlement to free school meals only applies to children in maintained schools; academies and free schools are required to follow the free school meal legislation.

The child must attend both before and after the lunch time period as well as meet the qualifying criteria. This should be borne in mind when choosing attendance times in maintained schools and academies so that your child can have the meals that they are entitled to receive. Go to the [Citizens Portal](https://oneonline.devon.gov.uk/CCSCitizenPortal_LIVE/Account/Login?ReturnUrl=%2fCCSCitizenPortal_LIVE%2f) to apply for a Free School Meal in a school nursery

**Information needed for claiming two-year-old funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Golden Ticket Number**  | **MM --- --- --- --- / --- --- --- --- --- ---****or****ZZ --- --- --- --- / --- --- --- --- --- ---**  | **Date when child is eligible to start:** |  |
| **Economically eligible parents, carers of DCC looked after children, children with an EHCP & children in receipt of DLA are sent a Golden Ticket.**  |
| **Economic eligibility found through the** [Citizens Portal](https://oneonline.devon.gov.uk/CCSCitizenPortal_LIVE/Account/Register) | **TYF 878 - \_\_\_ \_\_\_ \_\_\_ \_\_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_** |

**Information needed to claim the Extended Entitlement**

|  |  |
| --- | --- |
| **Parents National Insurance No/ NASS:****(9 characters)** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| **30 hours eligibility code:** **(11 digits)** | 5 0 0 \_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ 1 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**My child is attending the following providers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of other providers attended:**  | **Please enter the total funded hours attended each day** | **Total number of hours per week** | **Number of weeks per year (e.g. 38, 45, 51)** |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Funded hours at this provider** |  |  |  |  |  |  |  |  |  |
| **Total daily Funded Hours Attended** |  |  |  |  |  |  |  |  |  |

 **Providers should keep this form to enable them to claim funding through the Provider Portal: DO NOT SEND IT TO DEVON COUNTY COUNCIL.**

Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to providers for 3 and 4 year old children of families in receipt of certain benefits. This funding will be used to enhance the quality of your child’s early years experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information please speak to your childcare provider.

If you believe that your child may qualify for the EYPP please provide the following information about the **main benefit holder** to enable Devon County Council to confirm eligibility.

|  |  |
| --- | --- |
| **Parent/carer First Name:** |  |
| **Parent/carer Last Name:** |  |
| **Parent/carer** **Date of Birth:** |  |
| **Parent/carer National Insurance Number/ NASS:****(9 characters)** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  |
| **No. of universal funded hours attended weekly at this provider:****(only complete if parent has an 11 digit code)**  |  |

Declaration (to be completed by the parent/carer)

**Please tick to show that you understand and agree with the following conditions of the entitlement to free early education:**

|  |  |
| --- | --- |
| ☐ | I confirm that the information I have given on this form is complete and accurate. I will inform my provider if any of these details change. |
| ☐ | I understand that my child’s entitlement to early years education will not start until I have provided evidence of their date of birth and proof of eligibility for my two-year-old as appropriate and I will provide a copy of this evidence for Devon County Council if requested. |
| ☐ | I confirm that when my child is eligible for the early years education funding, I will tell my provider at the beginning of each funding period how many hours I will be claiming and if my child is attending elsewhere. |
| ☐ | I understand that I cannot be charged for the free entitlement to early years education or have to access other chargeable services including extra hours, lunch etc.  |
| ☐ | I will ensure that my child attends regularly and I will inform my provider if my child is unable to attend. |
| ☐ | I understand that if I have given false information on this form, I may be asked to reimburse the provider. |
| ☐☐ | I understand that personal information on this form is held on a secure database by Devon County Council for the duration of the time that my child receives education related funding from Devon County Council and will be used only for local authority education funding purposes.I agree that the information I have provided can be shared with Devon County Council (DCC) and the Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child. DCC may also share that information with neighbouring authorities if necessary for a claim to be processed. |

**Declaration I** (name)…………………………………………………………………………………………

**of** (address)……………………………………………………………………………………….

**confirm that the information I have provided above is accurate and true. I**

**understand and agree to the conditions set out in this document and I**

**authorise** (name of provider/s**)…………………………………………………………….**

**to claim entitlement funding as agreed above on behalf of my child.**

|  |  |
| --- | --- |
| **Parent/carer/guardian with** **legal responsibility** | **Childcare provider** |
| **Signed** |  | **Signed** |  |

**General Data Protection Regulation Consent Form**

Your personal data is being used by Winkleigh Primary School - Nursery for the purposes of claiming early years funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed at <https://www.woodlandfederation.org.uk/attachments/download.asp?file=190&type=pdf> .

The information provided will be shared with Devon County Council (DCC) who may share it with the Department for Education, Department for Work and Pensions, neighbouring Local Authorities and Her Majesty’s Revenue and Customs to confirm your child’s eligibility and enable Winkleigh Primary School Nursery to claim early years funding on behalf of your child.

For more details read [Devon County Councils Privacy Notice](https://new.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-early-years/)

Please confirm that you give your consent to Winkleigh Primary School using your personal data as outlined in our [privacy notice](https://www.kingsnympton.devon.sch.uk/website/data_protection_-_fair_processing_privacy_notice/419050), by completing the table below.

|  |
| --- |
| I give my consent for Winkleigh Primary School - Nursery to use my personal data as outlined in their privacy notice. |
| **Signed:** |
| **Print name:**  |
| **Date of consent:** |

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact admin@winkleigh.devon.sch.uk.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer Mr Alvin Scott at dpo@devonmoorsfederation.devon.sch.uk For more details visit our website.

**DO NOT SEND THIS FORM TO DEVON COUNTY COUNCIL**

IMAGE CONSENT

|  |  |
| --- | --- |
| Pupil Name: |  |

Throughout his/her time at Winkleigh Primary School - Nursery, your son/daughter will take part in a range of events, of which the school may wish to take photographs and videos. We require permission from you to take and use such images.

1. Consent for Internal Usage

Internal photos and videos are used in the following ways, including but not limited to: as evidence of learning for individual children; on classroom displays and within the school building; for creating books. Please indicate your consent below.

Yes

No

1. Consent for External Usage

External photos and videos are used in the following ways, including but not limited to: official publications and in school publicity material, the school’s newsletter, class photos, brochures, internal records, leaflets, advertisements and website (including external locations which include but are not restricted to resources such as Facebook and YouTube) and the school photographic bank. Children’s full names are never published. Please indicate your consent below.

Yes

No

OFF-SITE ACTIVITIES

|  |  |
| --- | --- |
| Pupil Name: |  |

There are occasions when staff wish to take pupils outside the school grounds within walking distance of the school. (eg the church or village hall). We require your consent to do this.

I give permission for my child to participate in general offsite activities throughout his/her time at Winkleigh Primary School - Nursery.

Yes

No

I consent to any emergency medical treatment required by my child during the course of the visit.

Yes

No

I confirm that my child is in good health and I consider him/her fit to participate. I will inform school if this changes.

Yes

No

SPECIAL DETAILS

|  |  |
| --- | --- |
| Pupil Name: |  |

Please provide any further detail about your child’s health which may need special attention, but does not prevent them from taking part in such activities. For example, allergies, medication including dosage, travel sickness, diabetes asthma, epilepsy etc.

Signature: ……………………………………. Date: …………………

(Parent/Carer)