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| **Part 2** | Please use **BLOCK CAPITALS** when completing the form**\*** Mandatory information |

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| 1. **YOUR CHILD’S DETAILS**
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| Child’s legal name**\*** |       |

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| Name by which the child is known(if different from legal name) |       |

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| Date of Birth**\*** |       |

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| --- | --- | --- |
| Your childcare provider will need to see proof of your child’s date of birth.Please indicate which document you will use. ➊ | [ ]  Birth Certificate[ ]  Passport | [ ]  Other |

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| Address and Postcode**\*** |            |

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| Gender**\*** |       | Ethnicity ➋ |       |

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| ➌ | If applicable,please indicate if your child is/has - | [ ]  Looked After By the LA[ ]  receiving DLA[ ]  an EHCP | Left Care through | [ ]  Adoption[ ]  Special Guardianship[ ]  Child Arrangement Order |

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| 1. **YOUR DETAILS (PARENT OR CARER)**
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| If a NEO or HMRC account exists, please provide the details of the named person on the account |
| Parent/Carer legal name**\*** |       |

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| Email Address ➍ |       |

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| 1. **YOUR CHILD’S FUNDING ENTITLEMENT**
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| **My child is eligible for\* -** |
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| [ ]  2-year-old funding ➎ | NEO Code (6 digit) |       |

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| [ ]  3- and 4-year-old universal ➏ |

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| Working Parent ➐

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| --- | --- | --- |
| [ ]  Under 2’s[ ]  2-year-old[ ]  3- and 4-year-old | Parent/Carer NI Number |       |
| HMRC Code (11 digit) |       |
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| 1. **EXTRA FUNDING**
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| **Early Years Pupil Premium (EYPP) ➒**

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| Do you agree for the LA to complete an EYPP eligibility check? [ ]  YES / [ ]  NO |
| **If YES**, please provide your  |  |
| Parent/Carer Date of Birth |       |
| Parent/Carer NI / NASS Number |       |

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| **Disability Access Fund (DAF) ➓**

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| Is your child in receipt of Disability Living Allowance (DLA)? [ ]  YES / [ ]  NO |

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| **If YES*** Please attach the most recent copy of the DLA award letter to this form. Your nominated childcare provider will share this form and documentation with the LA.
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| * If you are using two or more providers for the entitlement, please nominate the one the LA should pay DAF:
 |       |

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| The information I have provided above is accurate and true.**Parent/Carer****Signature:**       | **Print Name**      | **Date**      |