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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\* -** |
| |  |  |  | | --- | --- | --- | | 2-year-old funding ➎ | NEO Code (6 digit) |  | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Working Parent ➐   |  |  |  | | --- | --- | --- | | 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**   |  |  |  | | --- | --- | --- | | 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 |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability Access Fund (DAF) ➓**   |  | | --- | | Is your child in receipt of Disability Living Allowance (DLA)?  YES /  NO |  |  |  | | --- | --- | | **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. | | | * 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** |