Parent Authorisation Form

**Early Education Entitlements Autumn 2025 - Summer 2026**

**MESSAGE FOR PARENTS:**

**Only complete the fields marked “REQUIRED” or “OPTIONAL”**

This form collects information from parents/carers to assess and process Early Education Entitlement (EEE) hours, eligibility for Early Years Pupil Premium (EYPP) and eligibility for Disability Access Fund (DAF).

It is mandatory to complete a parent authorisation form for each setting your child attends for their EEE and thereafter complete a new form where there are changes to any details previously submitted. **This form must be completed, signed and returned to your childcare provider to confirm your entitlement access.**

**If you wish to transfer your entitlement to a different childcare provider you must give four weeks’ written notice to your existing provider. Your child will not be able to access their early education entitlement at a new provider until the week following the end of the four week notice period.**

**A false declaration may result in your early education entitlement being withdrawn.**

Aston Pierpoint / Aston House / Aston Club

**Childcare Provider name**:

# Child details

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| **Child’s forename(s):** |  **REQUIRED** |
| **Child’s surname:** |  **REQUIRED** |
| **Child’s date of birth:** |  **REQUIRED** | **Sex:** | Female / Male **REQUIRED** |
| **Address: REQUIRED** | **Postcode:****REQUIRED** |

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| **REQUIRED – CHOOSE ONE: Child’s Ethnicity - Mandatory (tick which one applies)**  |
| **Any other Asian background** |  | **Any other Mixed Background** |  | **Black African** |  | **Gypsy/Roma** |  | **Traveller of Irish****Heritage** |  | **White & Asian** |  |
| **Any other Black background** |  | **Any other White Background** |  | **Black Caribbean** |  | **Indian** |  | **White British** |  | **White & Black****African** |  |
| **Any other Ethnic background** |  | **Bangladeshi** |  | **Chinese** |  | **Pakistani** |  | **White Irish** |  | **White & Black Caribbean** |  |
| **I would prefer not to state my child’s ethnicity (refused)** |  |

1. **Early Years Pupil Premium (EYPP) -** is eligibility based and is paid to providers for provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources to impact positively on your child’s progress and development. Indicate below possible eligibility criteria you may meet.

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| In receipt of benefits, child tax credits, universal credits – **Complete if Applies to you****(please ensure parent details in section 3 are fully completed)** | **OPTIONAL** |
| The child has left care under the subject of an adoption, special guardianship, child arrangement order**(Please supply documentary evidence to your childcare provider)** – **Complete if Applies to you** | **OPTIONAL** |
| The child has been in local authority care for one day or more – **Complete if Applies to you****(Please supply documentary evidence to your childcare provider. Provider to contact early years team to claim)** | **OPTIONAL** |

1. **Entitlement and parent details** Please tick which entitlement you will be using. If your child is two years old and eligible for both entitlements, the maximum for each entitlement will be 15 hours giving a total of 30 hours.

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| **Entitlement** |  | **Eligibility** |
| Working parent entitlement for children from 9 months old**REQUIRED FOR CHILDREN 9 MONTHS TO 4 YEARS:** |  OR | **Enter the 11-digit code from HMRC here (required to access and for us to claim any working family entitlement funding hours)** |
|  |  |  |  |  |  |  |  |  |  |  |
| Entitlement for children from 2 years in families receiving additional forms of support |  OR | Enter reference issued by Achieving for Children (on confirmation email).**REQUIRED FOR 2-YEAR-OLD CHILDREN WHOSE FAMILIES RECEIVE ADDITIONAL SUPPORT ONLY:** |
| Universal Entitlement for 3-4 year olds |   |  |

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| **Details of parent/carer at child’s main residence - required to access working entitlement hours and EYPP** |
| Forename: **REQUIRED** | Surname: **REQUIRED** |
| Date of birth **REQUIRED** (dd/mm/yyyy): | National Insurance or NASS Number: |  **REQUIRED** |
| **I consent for this data to be used to confirm eligibility for the following entitlements (please tick)** |
| **EYPP** | **REQUIRED IF**  **SECTION 2**  **COMPLETED:**  | **Working Family** | **REQUIRED** | **Families in receipt of additional forms of support** |  **REQUIRED IF**  **SECTION 2 OR 2 YEAR FUNDING COMPLETED:**  |

1. **Setting and attendance details** - Specify the actual hours per week /weeks per year you will be accessing early education entitlement at this setting. Each entitlement is available for a maximum 38 weeks of the year. Your provider should help you complete this section.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** | **Total weekly hours** | **Total weekly charge** | **No weeks per year** |
| **Total entitlement hours attended per day** |  |  |  |  |  |  |  |  |
| **Total extra (chargeable) hours per day** |  |  |  |  |  |  | **£** |  |
| **Total daily hours attended** |  |  |  |  |  |  |  |  |

**Specify the total early education entitlement hours accessed at any other setting**, including if within notice period to the provider named. Failure to do so may result in your entitlement being withdrawn.

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| **Name of other provider** | **Total no of entitlement hours per week** |
| **REQUIRED IF YOUR CHILD ATTENDS ANOTHER CHILDCARE SETTING**  **OR CHILDMINDER WHO ALSO CLAIMS NURSERY FUNDING:** | **REQUIRED IF APPLIES:** |

1. **Disability Access Fund (DAF) -** If your child is currently in receipt of Disability Living Allowance the provider delivering your entitlement hours can claim an Disability Access Fund **(DAF).** DAF can be claimed once in a 12 month period and cannot be split between multiple providers within the 12 month period.

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| I understand the above statement and nominate the above provider to claim the Disability Access Fund for my child. **I have attached a copy of my child’s current DLA award to confirm eligibility** |
| **Parent’s or carer’s signature:** | **OPTIONAL – ONLY COMPLETE IF YOUR CHILD RECEIVES DISABILITY FUNDING:** |

# Parent, carer or guardian with legal responsibility declaration

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| I confirm I am only accessing early education entitlements at providers, in this or other Local Authorities, declared in section 5 |
| I understand that the named provider will deliver the agreed hours free of charge. I have been shown and understand my providers free early education entitlement offer, including any voluntary charges for additional hours or services |
| I understand that four calendar weeks' notice will be applied from the date I give written notice to end or amend the agreement. I will not be able to access the entitlement hours at any other provider until the week following the end date of the notice period |
| It is my responsibility to meet any criteria or actions required to ensure the working entitlement code issued by HMRC remains valid Failure to renew the code within required timeframes will result in my working entitlement being withdrawn |
| To claim the entitlement funding as agreed above on behalf of my child. I understand that the data collected in this form will be shared with my chosen provider, Achieving for Children and the Department for Education. |
| **I confirm the information I have given in this form is true and accurate and I have read and understand the statement written above in section 6 of this form** |
| **Print name:** | **REQUIRED** |
| **Signature:** | **REQUIRED** | **Date:** | **REQUIRED** |

1. **Provider declaration**

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| **Provider Declaration : read statements below and sign agreement** |
| I have seen documentary proof of date of birth to confirm child meets age requirements for early entitlements claimed |
| I agree to deliver the early entitlement as free hours, subject to the child being on roll and hours claimed accessible to the child |
| I have given the parent/carer written details of my early entitlement offer, including clear details of any voluntary charges for additional hours and services. I have advised the parent/carer of my entitlement only place offer and how they can access it. |
| I have checked the working family eligibility code supplied is valid for the place agreed and will advise parent/carers if not |
| When agreeing a place and the parent/carer has declared they have accessed the entitlement hours in term with another provider I will obtain from the parent a copy of the Notification of Changes form to confirm remaining entitlement |
| In the event of any changes to the details submitted on this form I will follow and action relevant AfC policy and guidance |
| I understand if for any reason the agreed entitlement hours cannot be fulfilled a notice period does not apply |
| I confirm portal input will be as declared on this form & any SEN stage input to the portal, and if other than No SEN this has been discussed with the parent/carer |
| **Print name:** |  Ibi Alan | **Job role:** |  Director |
| **Signature:** |  IA. | **Date:** |  18.06.2025 |

**Data Privacy and Protection Information -** The personal information we collect will be processed and stored in compliance with UK data protection law. For further details about how we use your personal information, please read the privacy notice: [www.achievingforchildren.org.uk/pages/privacy-and-data-protection](http://www.achievingforchildren.org.uk/pages/privacy-and-data-protection)

[www.achievingforchildren.org.uk/pages/privacy-and-data-protection/privacy-notices-list/early-years-service-privacy-notice-kingston-and-richmo](http://www.achievingforchildren.org.uk/pages/privacy-and-data-protection/privacy-notices-list/early-years-service-privacy-notice-kingston-and-richmo) nd