

Part 2

Please use **BLOCK CAPITALS** when completing the form

* Mandatory information

**Part 1
Guidance Notes**



1. YOUR CHILD'S DETAILS

Child's legal name*			
Name by which the child is known (if different from legal name)			
Date of Birth*			
Your childcare provider will need to see proof of your child's date of birth. Please indicate which document you will use. ❶		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other
		<input type="checkbox"/> Passport	
Address and Postcode*			
Gender*		Ethnicity ❷	
❸ If applicable, please indicate if your child is/has -	<input type="checkbox"/> Looked After By the LA	Left Care through	<input type="checkbox"/> Adoption
	<input type="checkbox"/> receiving DLA		<input type="checkbox"/> Special Guardianship
	<input type="checkbox"/> an EHCP		<input type="checkbox"/> Child Arrangement Order

2. YOUR DETAILS (PARENT OR CARER)

If a NEO or HMRC account exists, please provide the details of the named person on the account	
Parent/Carer legal name*	
Email Address ❹	

3. YOUR CHILD'S FUNDING ENTITLEMENT

My child is eligible for* -

<input type="checkbox"/> 2-year-old funding ❺	NEO Code (6 digit)	
<input type="checkbox"/> 3- and 4-year-old universal ❻		
Working Parent ❼	Parent/Carer NI Number	
<input type="checkbox"/> Under 2's	HMRC Code (11 digit)	
<input type="checkbox"/> 2-year-old		
<input type="checkbox"/> 3- and 4-year-old		

4. EXTRA FUNDING

Early Years Pupil Premium (EYPP) ❹

Do you agree for the LA to complete an EYPP eligibility check? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If YES, please provide your	Parent/Carer Date of Birth
	Parent/Carer NI / NASS Number

Disability Access Fund (DAF) ❿

Is your child in receipt of Disability Living Allowance (DLA)? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If YES	
<ul style="list-style-type: none"> 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: 	

Parent/Carer: The information I have provided is accurate and true, and I agree for eligibility checks to take place.

Signature:	Print Name:	Date:
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