

Early Years Entitlements (EYE)

Parent Declaration Form 2026-27

This form is a declaration of what entitlements you will be taking up, and what optional extras you have agreed to pay your provider. It is important that this form is kept up to date and accurate. If you wish to increase or reduce your hours, change what days your child attends, change what optional extras you purchase, or your circumstances mean that the entitlement(s) you are using changes, then you should speak to your provider about updating this form. Your provider may have additional terms and conditions alongside this document. Speak to your provider for more information.

SECTION 1: CHILD DETAILS

Child forename <i>Include middle names</i>		Child surname	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address <i>(including postcode)</i>		Date of birth check	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport
		Date checked:	
Telephone		Email	

Early Years Pupil Premium (EYPP) is paid to providers to provide extra support for your child. Ticking yes to the questions below may enable your chosen provider to complete an eligibility check for extra funding. Where eligible, Early Years Pupil Premium, Deprivation Funding (2 year old) and funding for Early Learning for 2 Year Olds (EL2) will be applied.

ADDITIONAL INFORMATION: <input type="checkbox"/> Child is looked after by the local authority <input type="checkbox"/> Child has left care (adoption / SGO / CAO) <input type="checkbox"/> Child has an EHCP <input type="checkbox"/> Child receives Disability Access Funding (see below)	Parent /Carer is: <input type="checkbox"/> Non-UK citizen with No Recourse to Public Funds (NRPF) <input type="checkbox"/> Asylum seeker receiving support under Part 6 of the Immigration and Asylum Act 1999? <input type="checkbox"/> In receipt of Universal Credit <input type="checkbox"/> I nominate this provider to claim DAF.
Please tick the box if you want this provider to claim Disability Access Funding (DAF). <i>You will need to provide a copy of your DLA award letter to your provider.</i>	

SECTION 2: ETHNICITY

<input type="checkbox"/> White British <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White Irish <input type="checkbox"/> White Traveller of Irish Heritage <input type="checkbox"/> Any other White background <input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian	<input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <input type="checkbox"/> Other mixed background <input type="checkbox"/> Other ethnic background <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Information not obtained
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SECTION 3: PARENT DETAILS

Lincolnshire County Council is collecting your data for the purposes of checking your eligibility for the childcare entitlements, in accordance with its statutory functions under the Childcare Acts 2006 and 2016.

PARENT/CARER 1		PARENT/CARER 2	
Name		Name	
Date of Birth		Date of Birth	
National Insurance / NASS		National Insurance / NASS	

SECTION 4: WHICH TYPE OF FUNDING IS BEING CLAIMED?

Age	Up to	Eligibility criteria	Tick	Eligibility Code
9 months	30 hours	Working family eligibility criteria	<input type="checkbox"/>	11 digit code
2 year old (EL2)	15 hours	Early Learning for 2 Year Olds – for families in receipt of additional support	<input type="checkbox"/>	6 digit code
2 year old (WP only)	30 hours	Working family eligibility criteria	<input type="checkbox"/>	11 digit code
2 year old (dual eligibility)	30 hours	Early Learning for 2 Year Olds (EL2) plus Working family eligibility criteria	<input type="checkbox"/>	11 digit code and 6 digit code
3 & 4 year old (universal)	15 hours	Universal funding	<input type="checkbox"/>	No code required
3 & 4 year old (WP only)	15 hours	Working families <u>extended</u> eligibility criteria	<input type="checkbox"/>	11 digit code

SECTION 5: CLAIM AND ATTENDANCE DETAILS

Setting 1 name:	Mon	Tues	Wed	Thurs	Fri	Total no. of hours per week	Delivery model
Total funded entitlement hours attended per day							Standard <input type="checkbox"/> (38 weeks)
Total extra (chargeable) hours per day							Stretched <input type="checkbox"/> (___ weeks) <i>Insert number of weeks you will deliver across above</i>
Total daily hours attended							

If your child attends more than one setting for their funded entitlement, please complete this section.

FUNDED HOURS	Mon	Tues	Wed	Thurs	Fri	Total per week	Delivery model (e.g. 38, 45, 51 weeks)
Setting 2 name:							

SECTION 6: ADDITIONAL SERVICES

Please review your providers current fee structure for the cost of any additional services available to purchase. This should be published on their website or the Lincolnshire Family Information Service. Providers should make parents aware of what types of alternatives are available for those who do not wish to purchase chargeable extras.

	Weekly Cost	Description
Food		Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack <input type="checkbox"/>
Additional Hours		See section 5 above
Non-food consumables		Nappies <input type="checkbox"/> Wipes <input type="checkbox"/> Suncream <input type="checkbox"/> Other <input type="checkbox"/> Provide details of other:
Extra activities, lessons, events etc		Provide details:

SECTION 7: MOVING FROM ONE SETTING TO ANOTHER

My child has previously claimed their funded entitlements at another childcare setting:
YES NO

Date notice was given in writing: _____

End of notice period: _____

SECTION 8: PARENT / CARER DECLARATION

Lincolnshire County Council will use the information collected via this form to assess your entitlement to early years funding. For more information on how your data is processed and your rights, please see the privacy notice which can be accessed via the website or made available on request. www.lincolnshire.gov.uk/privacynotice/childrenandfamilies

Parent / Carer (1) Name: _____

Parent / Carer (2) Name: _____

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

SECTION 8: SETTING DECLARATION

Staff Member Name: _____

Signature: _____

Staff Member Position: _____

Date: _____