

### 3 YEAR OLD PARENT / CARER AUTHORISATION FORM (PAF 3)

#### PARENT / CARER TO COMPLETE THIS PAGE (PAGE 1)

#### 1. CHILD'S DETAILS

Please complete this form so that your child's early education provider can claim for the free funded hours he or she is attending this term.

<b>Child's Legal Surname:</b>	<b>Child's Legal Forename:</b>	<b>Middle Names:</b>	<b>Gender: (please circle)</b>
			Male / Female / Not Specified
<b>Address:</b>			<b>Postcode:</b>
<b>Date of Birth:</b>	DD	MM	YYYY
		<b>Ethnicity Code:</b>	

On registration at the setting, please show your early education provider evidence of your child's date of birth. An original Birth Certificate is preferable, otherwise a current Passport, Health Record or European ID Card.

#### 2. FUNDED HOURS

Your child can have up to a maximum of 15 funded hours per week. Please enter the funded hours that your child is attending at all providers (including school nurseries and those in other counties) at a maximum of 2 settings only.

	MON Hours	TUE Hours	WED Hours	THU Hours	FRI Hours	Total funded hours per week
a) Funded hours attending per week at this provider						
b) Other provider (if applicable) – please indicate the name of the <b>second provider</b> , and the number of funded hours you will be claiming there.						
<b>Second provider:</b> _____	<b>Total funded hours claimed per week (a+b):</b>					

**STRETCHED FUNDING** – This provider is offering stretched funding and I have requested this for my child.   
(Please place an X if this is the case for your child).

My child is claiming \_\_\_\_\_ funded hours per week stretched over \_\_\_\_\_ weeks.

#### 3. PARENT / CARER AUTHORISATION (please only sign once per term)

I confirm that all of the provider/s / schools and funded hours my child attends are shown above. I authorise this provider to claim for the number of hours shown in row a) above. I confirm that I agree for any written records on my child's development or learning to be passed on to the next provider or school.

Name of Parent /Carer (Block Capitals): _____		
<b>Term: Summer 2015</b>	Signature of Parent / Carer: _____	Date: _____
By signing below, I confirm that the details and hours shown on the form above remain <b>the same as last term.</b>		
<b>Term: Autumn 2015</b>	Signature of Parent / Carer: _____	Date: _____
By signing below, I confirm that the details and hours shown on the form above remain <b>the same as last term.</b>		
<b>Term: Spring 2016</b>	Signature of Parent / Carer: _____	Date: _____

**It is a criminal offense to make false claims for funding, and any suspected false claims will be treated seriously and the appropriate action will be taken.**

PROVIDER TO COMPLETE THIS PAGE (PAGE 2)

#### 4. PROVIDER INFORMATION

<b>Name of Provider / Childminder / School:</b>	
<b>Provider's SEEGs Number / School Number:</b>	
<b>Child's Full Legal Name:</b>	

#### 5. DATE OF BIRTH EVIDENCE

Date of birth evidence **has to be seen on initial registration** of the child with the provider.

I have seen the following evidence of the child's date of birth, on registration at this setting:

Birth Certificate       Passport       Child Health Record       European ID Card

Please record the Reference Number of date of birth evidence seen: .....

#### 6. EARLY YEARS PUPIL PREMIUM (EYPP)

Please tick all boxes that apply to the Early Years Pupil Premium eligibility criteria:

<b>ECO</b> – Economic Criteria	
<b>LAA</b> – Looked After Child	
<b>AFC</b> – Adopted From Care	
<b>SGO</b> – Special Guardianship or Residency Order	

#### 7. PROVIDER DECLARATION

I have verified the information provided by the parent / carer on the front of this form, against the date of birth evidence, and also confirm that no more than 15 hours free early education will be taken per week this term. I confirm that the information given above is correct and that the named child is eligible for early education funding during the term/s shown on the front of the form.

**Term: Summer 2015**

Signature: .....

Name (Block capitals): .....

Position: ..... Date: .....

By signing below I confirm that the details and hours on the other side of the form remain the same as last term:

**Term: Autumn 2015**

Signature: .....

Name (Block capitals): .....

Position: ..... Date: .....

By signing below I confirm that the details and hours on the other side of the form remain the same as last term:

**Term: Spring 2016**

Signature: .....

Name (Block capitals): .....

Position: ..... Date: .....

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**PARENT / CARER TO COMPLETE THIS PAGE (PAGE 3)**

From April 2015, your early education provider could claim more funding to support your child’s learning and development.

If your child has free early education and you meet one of the criteria, your provider can claim additional funding of up to £302.10 per year.

The below information is voluntary, but this is needed to check eligibility.

**1. ELIGIBILITY CRITERIA** *(please mark the appropriate boxes with an X)*

Please answer all questions on this page to find out if your child may be eligible for this additional funding.

**1a. Economic (code ECO)**

Is your joint family income £16,190 per year or less (and you are not claiming working tax credit)?

**No**  If you have answered **no**, please proceed to section **1b**.

**Yes**  If you have answered **yes**, please place an X against the appropriate benefit below:

Income Support	
Income based Job Seekers Allowance	
Income related Employment and Support allowance	
Universal Credit	
Support under Part VI of the Immigration and Asylum Act 1999	
The guaranteed element of State Pension Credit	
Child Tax Credit ( <b>with no Working Tax Credit</b> ) and your joint family income is £16,190 per year or less	
Working Tax Credit 4 week run-on (the payment you get when you stop qualifying for working tax credit)	

**1b. Looked After Child (code LAA)**

Has your child been Looked After by the Local Authority for 1 day or more?

Yes  No

**1c. Adopted from Care (code AFC)**

Is your child adopted from care?

Yes  No

**1d. Special Guardianship or Residence Order (code SGO)**

Is your child subject to a Child Arrangement Order, Special Guardianship or Residence Order?

Yes  No

If you have answered **no** to each question above, your child is not eligible at this time for the Early Years Pupil Premium and you do not need to complete page 4. If your circumstances change in the future you can complete a new registration form.

If you have answered **yes** to one or more of the questions above, your child may be eligible for the Early Years Pupil Premium. Please continue to page 4 to provide us with further information so that your child’s early education provider can make a claim for this additional funding.

**PARENT/CARER TO COMPLETE UP TO SECTION 4 (PAGE 4)**  
**PROVIDER TO COMPLETE SECTION 5 (PAGE 4)**

**2. CHILD'S DETAILS**

About your child (at a Childminder, Preschool-Playgroup, Private Day Nursery, Independent School or a Suffolk County Council Maintained Nursery.)

Child's Legal Surname:	Child's Legal Forename:	Child's Date of Birth:			Name of Provider:
		DD	MM	YYYY	

**3. PARENT/ CARER DETAILS**

Please complete the below as appropriate.

	Parent / Carer 1	Parent / Carer 2 <i>(if applicable)</i>
Legal Surname:		
Legal Forename:		
Date of Birth:	DD MM YYYY	DD MM YYYY
National Insurance Number:		
National Asylum Support Service (NASS) Number: <i>(if applicable)</i>	/ /	/ /
Daytime Telephone Number:		
Mobile Number:		
Address and Postcode:		

**4. Parent / Carer Declaration:**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used to check eligibility for the Early Years Pupil Premium for my child.

Signature of parent/ carer: ..... Date: .....

**Your Early Years Provider will need to see your evidence of how your child qualifies for the Early Years Pupil Premium.**

**PROVIDER ONLY TO COMPLETE THIS SECTION**

**5. Provider Declaration:**

I can confirm that I have checked the proof of eligibility criteria for the Early Years Pupil Premium and I have kept a copy attached to this claim form.

Signature: ..... Date: .....

Name (Block capitals): .....

Position: .....

**If it is discovered you have incorrectly claimed for a child who does not meet the eligibility criteria, this funding will be recovered.**