

Setting: _____

Code: _____

Term (tick the relevant box)

Summer Autumn Spring Year _____

*Please read carefully the parental contract guidance notes which accompany this form before completing this contract

Child's details – To be completed by parent/guardian/carer

Child's forename/s: _____	Child's surname: _____
Date of birth: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: _____	
Postcode: _____	Ethnicity code: _____ Special Educational Need code: _____

Ethnicity codes

Code	Description
WBRI	White British
WIRI	White Irish
WIRT	Traveller of Irish heritage
WROM	Gypsy/ Roma
WOTH	White, any other white background
MWBC	Mixed, white and black Caribbean
MWBA	Mixed, white and black African
MWAS	Mixed, white and Asian
MOTH	Any other mixed background
AIND	Asian or Asian British Indian
APKN	Asian or Asian British Pakistani
ABAN	Asian or Asian British Bangladeshi
AOTH	Any other Asian background
BCRB	Black or black British Caribbean
BAFR	Black or black British African
BOTH	Any other black background
CHNE	Chinese
OOTH	Any other ethnic background
REFU	Did not wish to be recorded
NOBT	Not obtained

SEN codes

Code	Description
N	No special educational needs
A	school action or early years action
P	school action plus or early years action plus
S	statement of SEN

Parent/ carer/ guardian details – to be completed by parent/ carer/ guardian

Title Mr/ Mrs/ Ms etc	Full legal forename(s) (as on legal documents)	Legal surname (as on legal documents)	Relationship to child (mother/ father/ legal guardian)
Address (if different from child's address): _____			
_____		Postcode _____	_____
Daytime telephone no's: [home]	_____	[work] _____	[mobile] _____

Free entitlement details – to be completed by parent/ carer/ guardian

Minimum claim two and a half hours Maximum claim in one day is 10 hours 15 hours to be taken over a minimum of two days	Name of setting	Funded hours claimed	Total hours attended (funded and non-funded)
The number of hours per week I will be claiming from this setting is:			
The number of hours per week that I will be claiming at a second setting is:			
Total			

Please enter the pattern of hours in the table below. What hours you take the free entitlement on which days of the week. For example

Am hours					
Am hours					

Please tick to confirm that you understand that by signing this contract you agree to the following conditions of the free entitlement.

- I have read the accompanying parental contract guidance notes.
- I will notify the setting(s) immediately if I expect my child to be absent from the setting for three weeks or more.
- I will not be entitled to change setting during the course of a term without the express permission of the setting and the local authority, which will only be given in exceptional circumstances.
- If the local authority considers there are no exceptional circumstances in my case I may not be entitled to claim further free entitlement at any new setting for the remainder of the term.
- I have received detailed information from the setting(s) about the services they provide and understand that if I require any additional services over and above the free entitlement I will have to pay the setting(s) published fee for such services.
- I understand that the free entitlement is free at the point of delivery and that I should not be charged a deposit, registration fee or for any compulsory uniforms for my child.
- Where I am claiming less than my 15 hours because my chosen setting does not deliver the full entitlement I understand that the local authority is under no obligation to offer the rest of my free entitlement at another setting if it has already offered to make my full entitlement available elsewhere.
- I confirm that I am claiming no more than 15 hours of free entitlement per week, and I will be responsible for the fees should over-claiming occur.
- I confirm that I am not claiming the childcare element of the working tax credit for the period covered by the free entitlement and it is my responsibility to deduct any free hours that are received through the free entitlement from the total costs of childcare when completing my tax return.
- I confirm that Cheshire West and Chester council may hold the details above on a database and store further information about the contacts it has with you and your family. This information will be used to contact you about Cheshire West and Chester council services and about services provided by our children's centre delivery partners. It may also be used to contact you about research on children's services. In accordance with the data protection act (1988), Cheshire West and Chester council will hold all data securely and treat it confidentially.

Signed _____

Print
name _____

Date _____

If you have any queries or require further information you may want to contact the Family Information Service (FIS) or ask your childcare provider for a copy of the factsheet entitled early years foundation stage grant, series three, factsheet three.

Family Information Service,

Telephone: 0800 0852 863

Email: fis.west@cheshirewestandchester.gov.uk

Web: www.cheshirewestandchester.gov.uk/familyinformationservice

SAMPLE