



SCHOOL NURSERY PARENT/CARER AUTHORISATION FORM (PAFN)

PARENT/CARER TO COMPLETE THIS PAGE (PAGE 1)

1. CHILD'S DETAILS

Please complete this form so that your child's school nursery can claim for the free funded hours he or she is attending for the _____ Term.

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

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.

2. FUNDED HOURS

Your child can have up to a maximum of 15 funded hours per week (or 30 hours if applicable). Please enter the funded hours that your child is attending at this school nursery and any other provider you are claiming funding with (including 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 school						
b) Other provider (if applicable) – please indicate the name of the second provider , and the number of funded hours you will be claiming with them.						
Second provider: _____	Total funded hours claimed per week (a+b):					

C) Expected additional chargeable sessions attending at Little Acorns Nursery	MON	TUE	WED	THU	FRI	Total chargeable sessions per week

Your unique 30 hours child care code number if claiming for 30 hours funding (if applicable): _____.

3. PARENT/CARER AUTHORISATION

I confirm that all of the school/provider's funded hours my child attends are shown above.

I authorise this school 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): _____
Term: _____ 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.



SCHOOL TO COMPLETE THIS PAGE (PAGE 2)

4. SCHOOL INFORMATION

Name of School:	Barnby & North Cove Primary School
School Number:	DfE: 935/2206. URN: 144828 Ofsted: 124568
Child's Full Legal Name:	

5. DATE OF BIRTH EVIDENCE

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

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

Birth Certificate Passport European ID Card

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

6. SCHOOL 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 from the term shown on the front of the form.

Term:

Signature:

Name (Block capitals):

Position: Date:

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SCHOOL NURSERY EARLY YEARS PUPIL PREMIUM (EYPP)- REGISTRATION FORM
PARENT/CARER TO COMPLETE THIS PAGE (PAGE 3)

From April 2015, your school nursery 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 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?

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

Yes If you have answered **yes**, you can check your eligibility online using the EYPP checker: at this link www.myearlylearning.co.uk

If the checker confirms you are eligible please provide your reference number for the School to check.	
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If you are unable to use the online checker please place an X against the appropriate benefit below and provide evidence to the school.

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 (with no Working Tax Credit) with an annual income of no more than £16,190	
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**

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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)

SCHOOL TO COMPLETE SECTION 5 (PAGE 4)

2. CHILD'S DETAILS

About your child at a Suffolk School.

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

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SCHOOL ONLY TO COMPLETE THIS SECTION School 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.

OR I have the parent/carer's reference number **and have verified it at**
www.myearlylearning.co.uk

(If using the online checker it would be advisable to print out the verification page and keep a copy with this form for audit purposes)

Term: Signature Date:

Name (Block Capitals) Position:

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