

Examples of Parent Declarations

Universal or Expanded EEF Claim – Term Time

Child attends 15 funded hours per week:

AUTUMN TERM FUNDING PERIOD (1st September-31st December)			
14 weeks or Stretch 16 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	15	Total number of weeks claimed per term	14
Is the child claiming EEF hours at another provider? Y/N	N	If Y give name of provider	N/A

Extended EEF Claim – Term Time

Child attends 25 funded hours per week (15 universal, 10 extended):

AUTUMN TERM FUNDING PERIOD (1st September-31st December)			
14 weeks or Stretch 16 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	25	Total number of weeks claimed per term	14
Is the child claiming EEF hours at another provider? Y/N	N	If Y give name of provider	N/A

Universal or Expanded EEF Claim – Stretched

Child attends 12 funded hours per week for 16 weeks of the autumn term:

AUTUMN TERM FUNDING PERIOD (1st September-31st December)			
14 weeks or Stretch 16 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	12	Total number of weeks claimed per term	16
Is the child claiming EEF hours at another provider? Y/N	N	If Y give name of provider	N/A

Extended EEF Claim – Stretched

Child attends 24 funded hours per week (12 universal, 12 extended) for 16 weeks of the autumn term:

AUTUMN TERM FUNDING PERIOD (1st September-31st December)			
14 weeks or Stretch 16 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	24	Total number of weeks claimed per term	16
Is the child claiming EEF hours at another provider? Y/N	N	If Y give name of provider	N/A

Shared Funding – Universal or Expanded EEF Claim – Term Time

Child attends 10 funded hours per week with this provider:

SPRING TERM FUNDING PERIOD (1st January-31st March) 11 weeks or Stretch 12 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	10	Total number of weeks claimed per term	11
Is the child claiming EEF hours at another provider? Y/N	Y	If Y give name of provider	XYZ Childcare

Shared Funding – Extended EEF Claim – Term Time

Child attends 15 funded hours per week with this provider:

SPRING TERM FUNDING PERIOD (1st January-31st March) 11 weeks or Stretch 12 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	15	Total number of weeks claimed per term	11
Is the child claiming EEF hours at another provider? Y/N	Y	If Y give name of provider	XYZ Childcare

Note: Refer to Page 1 of the Parent Declaration and indicate which provider is to retain the universal hours if the child falls out of eligibility for extended hours.

Shared Funding – Universal or Expanded EEF Claim – Stretched

Child attends 8 funded hours per week with this provider for 20 weeks of the summer term:

SUMMER TERM FUNDING PERIOD (1st April-31st August)			
13 weeks or Stretch 20 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	8	Total number of weeks claimed per term	20
Is the child claiming EEF hours at another provider? Y/N	Y	If Y give name of provider	XYZ Childcare

Shared Funding – Extended EEF Claim – Stretched

Child attends 12 funded hours per week with this provider for 20 weeks of the summer term:

SUMMER TERM FUNDING PERIOD (1st April-31st August)			
13 weeks or Stretch 20 weeks			
Parent/carer name	Parent/carer's name	Signature	Parent/carer's signature
Date	Today's date		
Provider staff name	Staff member's name	Signature	Staff member's signature
No. of funded hours per week to be claimed this term	12	Total number of weeks claimed per term	20
Is the child claiming EEF hours at another provider? Y/N	Y	If Y give name of provider	XYZ Childcare

Note: Refer to page 1 of the Parent Declaration and indicate which provider is to retain the universal hours if the child falls out of eligibility for extended hours.