# **Examples of Parent Declarations**

# Universal or Expanded EEF Claim – Term Time

Child attends 15 funded hours per week:

AUTUMN TER		G PERIC eks or S	-	-		<sup>st</sup> Dec	ember)
Parent/carer name	Parent/carer	Parent/carer's name			Signature Parent/carer's signature		
Date	Today's date	!	1		1		
Provider staff name	Staff membe	er's name	Signature		Staff member's signature		
No. of funded hours pe be claimed this term	er week to	<b>b</b> 15		Total number of w claimed per term		eeks	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 TER		G PERIC eks or S	-	-		<sup>st</sup> Dec	ember)
Parent/carer name	Parent/carer	Parent/carer's name		nature	Parent/carer's signature		
Date	Today's date		1				
Provider staff name	Staff membe	f member's name		nature	Staff member's signature		
No. of funded hours pe be claimed this term	er week to	25		Total number of we claimed per term		eeks	14
Is the child claiming E another provider? Y/N		N		If Y giv provide	e name of er	N/A	1



# Universal or Expanded EEF Claim – Stretched

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

AUTUMN TER		G PERIC eks or S	-	-		<sup>st</sup> Dec	ember)
Parent/carer name	Parent/carer	Parent/carer's name			Signature Parent/carer's signat		
Date	Today's date		1		-		
Provider staff name	Staff membe	Staff member's name		nature	Staff member's signature		nature
No. of funded hours pe be claimed this term	er week to 12		1	Total number of we claimed per term		eeks	16
Is the child claiming E another provider? Y/N		N		If Y giv provide	e name of er	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 TER		G PERIC eks or S	-	-		<sup>st</sup> Dec	ember)
Parent/carer name	Parent/carer's name		Signature Parent/carer's sign		er's sign	ature	
Date	Today's date	1	1		1		
Provider staff name	Staff membe	Staff member's name		ure	Staff member's signature		nature
No. of funded hours per week to be claimed this term					number of weeks ed 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 1	ERM FUND 11 we	ING PE eks or S		-	-	st Mare	ch)	
Parent/carer name	Parent/carer's name		Signature Pare		Parent/care	arent/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					number of weeks ed per term		11	
Is the child claiming EEF hours at another provider? Y/N		Y		If Y giv provide	e name of XYZ Ch		ildcare	

# Shared Funding – Extended EEF Claim – Term Time

Child attends 15 funded hours per week with this provider:

SPRING TERM FUNDING PERIOD (1 <sup>st</sup> January-31 <sup>st</sup> March) 11 weeks or Stretch 12 weeks							
Parent/carer name	Parent/carer's name		Signature P		Parent/carer's signature		
Date	Today's date						
Provider staff name	Staff member's name		Signature		Staff member's signature		
No. of funded hours pe	r week to	15		Total n	umber of we	eeks	11
be claimed this term				claimed	l per term		
Is the child claiming EEF hours at another provider? Y/N		Y		If Y giv provide	e name of er	XYZ Ch	ildcare

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			ERIOD (1 <sup>s</sup> Stretch 20	<sup>t</sup> April-31 <sup>st</sup> Augu weeks	ist)	
Parent/carer name	Parent/carer's name		Signature Parent/carer's		'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				number of weeks ed per term	20	
Is the child claiming EEF hours at another provider? Y/N		Y	If Y gi provid		hildcare	

# Shared Funding – Extended EEF Claim – Stretched

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

SUMMER			ERIOD( tretch 2	1 <sup>st</sup> April-31 <sup>st</sup> 0 weeks	<sup>t</sup> Augus	st)	
Parent/carer name	Parent/carer's name S		Signatur	e Parent/car	Parent/carer's signature		
Date	Today's date						
Provider staff name	Staff membe	er's name	Signature Staff member's			nature	
No. of funded hours per week to be claimed this term				I number of w ned per term	eeks	20	
Is the child claiming EEF hours at another provider? Y/N		Y		give name of ⁄ider	XYZ Ch	ildcare	

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.

