

Funded Early Education Entitlement for FEEE1W, FEEE2, FEEE2W, FEEE3-4 & EFE
Parent / Carer Agreement Form (PAF) for Financial Year 2024/25

Please read the accompanying [Guidance](#) and complete this form for the Funded Early Education Entitlement (FEEE) to be claimed for your child. **Please read the Parent Agreement Form guidance which has been emailed to you.**

1. Provider details:

Name	Little Doves Christian Pre-School	Registration Number	EY545825
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2. Child and Parent/Carer details: ** See ethnic category form on parent/carer contract tab (4.1) on website for options

Child details		Parent/Carer details	
Legal Forename	BERTIE	Title (e.g. Ms, Mrs, Miss, Mr, Dr)	MRS
Legal Middle Name(s)	BOXER	Legal Forename	BLUEBELL
Legal Surname	BADGER	Legal Surname	BADGER
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Not Specified <input type="checkbox"/>
Address	18 BADGER COMMON BRENTWOOD. ESSEX	Address (if different from the child's address)	SAME AS CHILD
Postcode	CM14 0TC	Postcode	SAME AS CHILD
Date of Birth (DD/MM/YYYY)	01/03/2021	Date of Birth (DD/MM/YYYY)	14/04/1994
Ethnicity**	WHITE BRITISH	NI/NASS Number	BB123456B
First Language	ENGLISH	Parental Responsibility	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Working Parents Entitlement Code (if applicable) *****	50012345678	Relationship to Child	MOTHER

IMPORTANT: To claim the Working Parent Entitlement, your Eligibility Code **must** be approved by Childcare Choices the term prior to making your claim. Please see [Parent Agreement Form – Guidance](#) for further details.

***** Use this box for the code for working parents 2 yr olds and for 30 hours children, if child

3. Attendance details: only doing universal hours (15 hours) leave blank.

Please confirm how you will be taking up your FEEE below. If you share your funding between 2 Childcare Providers, please add the names of both settings and confirmation of the **funded hours** claimed at each. A PAF should be completed for **BOTH** Providers if shared. Please note 2-Year-Old-Funding for Disadvantaged Families cannot be shared and should be claimed at **one setting only**.

Term	Setting Name(s)	No. of Funded Hours per week		No. of Weeks	Total Hours	Parent Signature (or typed name if returned by email)	Date signed
		Universal	Extended				
Summer 2024	Little Doves Pre-School	15	5	13	260	Bluebell Badger	25/03/24
	DAISY Pre-school		10	13	130		
Autumn 2024	1 Little Doves Pre-School			14			
	2						
Spring 2025	1 Little Doves Pre-School			11			
	2						

I understand that there may be additional **voluntary** charges for snacks, additional activity, external educator or additional services such as trips, which will be detailed by my Provider in our Agreement.

Yes, I understand ☒

4. Two-Year-Old Funding for Disadvantaged Families (FEEE2): Only complete for disadvantaged 2 yr olds

If you are claiming Two-Year-Old Funding for Disadvantaged Families, please complete the following section. If you are claiming 3–4-year-old funding or Two-Year-Old Funding for Working Parents, please leave this section blank:

Eligibility Code	TYF881-1234-5678ABC2
Eligibility Date	01/04/2024

I consent to my child's attainment data being shared with Essex County Council: Yes ☒ No ☐

5. Two-Year-Old Funding for Working Parents (FEEE2W): Only complete for working parents 2 yr olds

If you are claiming Two-Year-Old Funding for Working Parents, please complete statement below:

I consent to my child's attainment data being shared with Essex County Council: Yes ☒ No ☐

6. Stretched Funding:

Funded Early Education Entitlement is offered during term time only, a total of 38 weeks per year. Some Providers will offer to "stretch" the funding allowing you to take fewer hours per week over more weeks per year.

LITTLE DOVES IS TERM TIME ONLY AND DOES NOT OFFER STRETCHED FUNDING.

7. Early Years Pupil Premium:

Early Years Pupil Premium (EYPP) is additional funding that may be available to your Childcare Provider to support with your child's learning and development. For details about the Eligibility Criteria for EYPP please speak to your Childcare Provider or go to: <https://www.essex.gov.uk/early-years-pupil-premium>.

An eligibility check for the economic criteria will be carried out using your surname, date of birth and national insurance number, provided in section 2 of this form. **IF YOU WOULD NOT LIKE YOUR DETAILS TO BE CHECKED, PLEASE DO NOT TICK THE RELEVANT BOX IN SECTION 8.**

8. Parent Declaration:

You must agree to, and understand, the following Declaration before you are able to claim FEEE with the Childcare Provider named in section 1. Please review the below and mark the boxes to confirm you agree.

Please refer to the Essex County Council Privacy Notice to understand how your information will used and shared ([Essex County Council's Privacy Policy](#))

I confirm that the funded hours confirmed in section 3. are correct and will be claimed by the Childcare Provider(s) named.	I agree <input checked="" type="checkbox"/>	←
I understand that I cannot amend the number of Funded Hours claimed after Headcount Day (found in the Parent Agreement Form - Guidance).	I agree <input checked="" type="checkbox"/>	←
I understand that the funding is non-transferrable during the term. If I choose to move to another Childcare Provider during a term, they will be unable to claim the funded hours already committed to the first Provider and the hours will be chargeable.	I agree <input checked="" type="checkbox"/>	←
I agree to my details, provided in section 2, being used to check eligibility for working parent entitlement 30 hrs funding/2 year old funding.	I agree <input checked="" type="checkbox"/>	←
I agree to my details, provided in section 2, being used to check eligibility for Early Years Pupil Premium.	I agree <input checked="" type="checkbox"/>	←
I confirm that my child is not registered to attend a reception class in a state school.	I agree <input checked="" type="checkbox"/>	←
I have read and understood the Parent Agreement Form – Guidance document.	I agree <input checked="" type="checkbox"/>	←
I understand and consent to the personal information I have provided on this form to be shared with local authority and Department for Education for the purpose of confirming my child's eligibility and enable this provider to claim the entitlement on behalf of my child.	I agree <input checked="" type="checkbox"/>	←
I give consent for Little Doves CP to hold, process and store all my data provided on this form in line with Little Doves CP Data Retention Document.	I agree <input checked="" type="checkbox"/>	←
Authorised by Parent/Carer (PRINT NAME):	BLUEBELL BADGER	Date: 25/03/2024
Signed by Parent/Carer	Bluebell Badger	
Provider Signature:		Date: