

Guidance for Online Parent Declaration Form

3 and 4 year old Funding

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Signing in or Registering for a Self-Service online account

- Please find below the link to the 3 and 4 year old funding online parent declaration form:

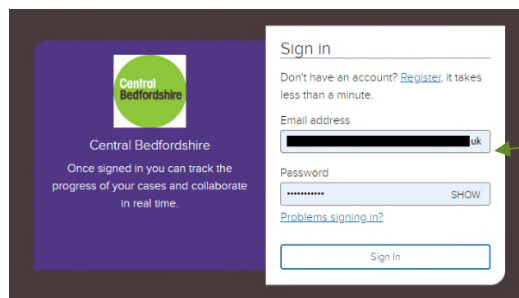
<https://www.centralbedfordshire.gov.uk/xfp/form/184>

- When you click on the link, you will need to register first unless you already have a CBC online account for Reporting Missed Bins or have recently applied online for Schools Transport.



Click the Sign In or Register button

- If you already have a Self-Service online account, you can use the same details, by just clicking on the Sign In button.



If you already have an account, enter your username (your username is your email address)

- If you do not have an account already, you will have to click the Register button, and follow the on-screen process.

When you first register, you must remember 3 things:

1. The confirmation email can take up to 10 minutes to receive
 - a. However, in most cases, if the email address input is correct, it will be instant
2. Ensure you check your Spam, Junk, Misc folders, if it's not received – in case the email has gone into one of these due to your email provider settings.
3. You may experience problems when entering any dates in the form, (this depends on the browser that you are using), if you do, you just need to change the format to what it is in the error message.

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Parent/ carer and provider agreement for nursery education funding (3 & 4 year olds)

Resume form?

You have previously started this form, you may continue from a saved version or start a new form.

Started 22nd March 2021 3:19pm

Resume

Once you are in, and you did not complete a previously started form, the website will give you an option to resume the form again and you can resume where you left off. Click the **Resume** button.

Please confirm you have read the above statements (Required)

Yes, I have read the above statements

Next

To complete the form from the beginning you need to scroll to the bottom of the screen and click the tick box next to **Yes, I have read the above statements**. Please click on the **Next** button.

Completing an online parent declaration form

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Child's Details

Period 3 Summer Term 2020 - 2021: 195 hours or 390 hours

Eligible Dates of birth for Period 3	1st April 2016 – 31st March 2018
Central Bedfordshire Period 3 Dates	1st April 2021 – 31st August 2021

Child's first name (Required)

Child's middle name(s)

Child's legal family surname (Required)

Child's gender (Required)
 Male
 Female

Child's date of birth (Required)

Child's ethnic origin (Required)

Child's permanent address (Required)
 Postcode

The type of form.

The term and year and the maximum number of hours you can claim for the term.

The DOB eligible dates

The term dates

Child's first name

Child's family surname

Gender

Child's DOB

Child's ethnicity

Please enter postcode here and click **Lookup**

Child's permanent address (Required)

Postcode

Lookup

Choose address

Please choose...

Please choose...

Central Bedfordshire Council Gritting Depot, Brewers Hill Road, Dunstable, LU6 1LF

Watling House, High Street North, Dunstable, LU6 1LF

My address was not found

Select child's address from the drop-down list.

If the website cannot find your address, you can add the address manually by selecting **My address was not found** option

Child's permanent address (Required)

Postcode

Lookup

Choose address

My address was not found

Enter the address manually here if address not found.

Child's permanent address including postcode (Required)

Seaside plaza, Sunny Tree, Sunny road, Dunstable, LU6 1LF

- After you have completed this page, please click **Next**

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Child's requirements and eligibility

Please confirm whether your child has a Special Educational Need (SEND) (Required)

[Please select from below]

Is your child eligible and in receipt of Disability Living Allowance (DLA)? (Required)

Please select...

Is your child eligible and in receipt of Disability Living Allowance (DLA)? (Required)

Yes

Please upload a copy of your child's DLA (Required)

Drop files here or click to upload.

Is your child splitting their free entitlement across two or more providers? (Required)

Please select...

Is your child splitting their free entitlement across two or more providers? (Required)

Yes

Please nominate the main setting where the local authority should pay the Disability Access Fund (Required)

Please enter the option from the drop-down list.

If your child is in receipt of DLA please select yes and upload the latest copy of their award.

If you have selected Yes to DLA and Yes to splitting your funding, then you will need to nominate a setting that you would like the Disability Access Funding to go to here.

- Please click on Next

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Voucher

Do you have a voucher code for 30 hours? *(Required)*

Voucher code *(Required)*

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If you do not have a 30 hour voucher code, please select No. If Yes, please enter the voucher code here.

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Educational setting.

The educational setting this form relates to: *(Required)*

Please provide Ofsted registered name

Child's start date for this term: *(Required)*

Child's end date for this term: *(Required)*

Please enter the name of your childcare provider. Please also enter the Ofsted reference number if you know it.

Please enter the start and end date for the term you are claiming for.

Is this a part of a stretched offer? *(Required)*

- Yes
- No

Number of stretched weeks in period: *(Required)*

Does your child attend another educational setting? *(Required)*

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If you are claiming term time only, please select the **No** option. If you are stretching your hours with the setting in the previous picture, please select **Yes** and enter the number of weeks you are claiming funding for, for this term.

If you are splitting your funded hours between more than 1 setting, please select Yes from the drop-down list and enter their name. Please enter the Ofsted reference number as well, if you know it.

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Main educational setting funding

Main setting this form relates to. *(Required)*

Seaside PS

Daily funded hours *(Required)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Universal hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Extended hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total daily funded hours					

Non funded hours at above setting (paid for) *(Required)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Daily non funded hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The name of your first setting will be pre-populated here.

Enter your funded hours and any hours that you pay for.

- When entering your hours, if you are not sure, please double check with your provider the correct hours you should be entering on the form.
- The next screen will confirm with you the total funded hours for the week. If this is not correct you can click on the previous button to correct.

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Educational setting funded hours

Educational Setting	Total Funded Hours
Seaside PS	30.00

Total funded hours will be displayed here.

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Early years pupil premium and/ or 30 hour registration declaration
 In order for us to check if your child is eligible to receive the Early Years Pupil Premium and/or claim for a 30 hour place you **must** tick the relevant consent boxes and complete all other information on the following page. Please ensure that the National Insurance Number belongs to the person who is claiming any benefits, and please provide the date of birth of this person if you want to check eligibility for Early Years Pupil Premium.

Please confirm by selecting the below

I give consent for Central Bedfordshire council to check if my child is eligible to receive Early Years Pupil Premium
 I give consent for Central Bedfordshire council to check if my child is eligible to claim for a 30 hour place

Please inform us if your child has left care (in England and Wales) through the following: *(Required)*

Adoption
 Special guardianship
 A child arrangement order
 N/A

Please tick Early Years Pupil Premium consent, if you would like to be checked for eligibility.

Please tick here, if you are taking up a 30 hour place.

If your child falls under any of these categories, please select the relevant option.

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Parent/Carer Details

First name *(Required)*

Last name *(Required)*

Address *(Required)*

Postcode

Email address *(Required)*

Telephone number *(Required)*

Please enter your details here.

The email address entered here, will be the email address used for notification of this form.

In order for us to check if your child is eligible to receive the Early Years Pupil Premium and/or claim for a 30 hour place you **must** complete all other information below.

Date of birth *(dd/mm/yyyy) (Required)*

Will you be providing your National Insurance or National Asylum Support Service (NASS) number? *(Required)*

National Insurance Number *(Required)*

Please enter your DOB here. Please **do not** enter your child's DOB.

Please enter your national insurance number or NASS number here.

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Declaration

Ensure you have read and understood the **guidance for parents/ carers** completing the declaration form.

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of the Free Early Education Entitlement.

Please confirm by selecting the below *(Required)*

- I understand that the free entitlement must be free at the point of delivery and that I cannot be charged for this in advance.
- I understand that I am entitled to claim for no more than the maximum number of free hours for each period across a maximum of 2 providers and that any hours my child attends over this will be charged to me by the childcare provider(s).
- I have received detailed information from the childcare provider above regarding the Free Early Education Entitlement and advised of any additional services available for my child and I understand that I will have to pay fees for these services if I want to receive them.
- I understand that I cannot change provider(s) within one term of this agreement, unless the reason for it is covered by the one of the circumstances detailed in the guidance notes of this form and I have advised the childcare provider and the Local Authority.
- I confirm that my child will be regularly attending the nursery education hours as indicated above and that if my child is attending more than one provider; all providers and the total number of hours I am looking to claim at each provider have been listed on this form
- I understand that if I have given any false information on this declaration, I may be asked to reimburse the provider.
- I confirm that I have shown the provider proof of my child's current address and date of birth.
- I confirm that I have read and fully understood the guidance for parents/ carers completing the declaration form.

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Clicking on this link opens a guide to explain the rules around funding. Please take the time to read the guidance

You must confirm that you agree with the conditions by ticking each one before you can proceed to the next screen.

- The next screen will display all the details you have entered on the form. Please check that all information entered is correct.
- Please scroll to the bottom of the form to see the **Submit Form** button.

Page: Declaration

Please confirm by selecting the below

I understand that the free entitlement must be free at the point of delivery and that I cannot be charged for this in advance., I understand that I am entitled to claim for no more than the maximum number of free hours for each period across a maximum of 2 providers and that any hours my child attends over this will be charged to me by the childcare provider(s), I have received detailed information from the childcare provider above regarding the Free Early Education Entitlement and advised of any additional services available for my child and I understand that I will have to pay fees for these services if I want to receive them., I understand that I cannot change provider(s) within one term of this agreement, unless the reason for it is covered by the one of the circumstances detailed in the guidance notes of this form and I have advised the childcare provider and the Local Authority., I confirm that my child will be regularly attending the nursery education hours as indicated above and that if my child is attending more than one provider; all providers and the total number of hours I am looking to claim at each provider have been listed on this form, I understand that if I have given any false information on this declaration, I may be asked to reimburse the provider., I confirm that I have shown the provider proof of my child's current address and date of birth., I confirm that I have read and fully understood the guidance for parents/ carers completing the declaration form.

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You must click on Submit Form for your form to be sent to Central Bedfordshire Funding team for processing.

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e.g. council tax 

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Thanks for completing this form.

Your reference number is: **PCE000749**

Thank you for completing the parent declaration form for nursery education funding. The reference number above is proof that you have successfully submitted the form. Please give this reference number to your Early Years provider to let them know it has been completed.

If you require further information or support, please email cpeiadmin@centralbedfordshire.gov.uk

This is your reference number. Please make a note of it, this is proof that you have completed the form and you can give the reference number to your provider.

- You will also get a further confirmation via the contact email you added to the form.

**Central
Bedfordshire**

Central Bedfordshire in contact

Find us online: www.centralbedfordshire.gov.uk

Call: 0300 300 8305

Email: customers@centralbedfordshire.gov.uk

Write to: Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ