April 2024



# Free Early Education and Care Parent Agreement - Stretch

**Parents: tick to confirm you have read the** [Parent Agreement Terms and Key Facts](https://www.kirklees.gov.uk/beta/working-with-children/pdf/childcare-providers/parent-agreement-terms-and-key-facts-2024-25.pdf) ***and the*** [Privacy Notice](https://www.kirklees.gov.uk/beta/working-with-children/pdf/childcare-providers/privacy-notice.pdf) **You can request a copy from your provider.**

**Parents: Tick if your child ‘stretched’ their entitlement at a previous provider (claimed funding during school holidays).**

|  |  |
| --- | --- |
| **Provider name:** |  |
| **If your child attends other providers, please enter their names:** |  |

Provider: I have checked the Child’s original identification document (i.e. birth certificate) and kept a copy. The reference number is:

## SECTION 1: CHILD DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal forename** |  | **Legal surname** |  |
| **Middle name(s)** |  | **Preferred surname** |  |
| **Address** |  | **Postcode** |  |
| **Date of birth** |  | **Gender** |  |
| **Ethnicity** |  | **SEN Stage** |  |

If your child is in receipt of Disability Living Allowance (DLA) your provider can claim an annual payment to support your child’s education. Please see the information and application: [Disability Access Funding Application](https://www.kirklees.gov.uk/beta/working-with-children/pdf/childcare-providers/disability-access-fund-application-form.pdf) Ethnicity and SEN codes can be found here: [Ethnicity-SEN-codes](https://www.kirklees.gov.uk/beta/working-with-children/pdf/childcare-providers/Ethnicity-SEN-codes.pdf)

## SECTION 2: PARENT/GUARDIAN DETAILS – WORKING PARENT ENTITLEMENT/EYPP

By providing your details in this section you are agreeing to Kirklees Council using your details to confirm eligibility for the Working Parent Entitlement and Early Years Pupil Premium (EYPP). The Council will notify the provider of the outcome.

Data Protection Statement: The Council will not use your details for any other purposes unless required to do so by law. If you require more details refer to the[Privacy Notice](https://www.kirklees.gov.uk/beta/working-with-children/pdf/childcare-providers/privacy-notice.pdf) or call: 01484 221000 [ask for free early education] or email: [earlyeducation@kirklees.gov.uk](mailto:earlyeducation@kirklees.gov.uk)

| Parent Details | Parent/Guardian 1 | Parent/Guardian 2 (optional) |
| --- | --- | --- |
| Forename |  |  |
| Surname |  |  |
| Date of birth (if consenting to EYPP check) |  |  |
| National Insurance/NASS Number |  |  |

Your child will also qualify for EYPP if they are looked after by the local authority or have left care via adoption, Special Guardianship or Child Arrangement Order. Please give your provider a copy of the order.

## **SECTION 3: WORKING PARENT ENTITLEMENT FOR TWO-YEAR-OLDS AND UNDER** [STANDARD AND STRETCHED CLAIMS]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11 Digit Eligibility code |  | | | | | | | |
| Number of terms |  | | | | | | | |
| Enter Weekly Hours | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total |
| Funded hours |  |  |  |  |  |  |  |  |
| Non-funded hours (paid for) |  |  |  |  |  |  |  |  |
| Total hours |  |  |  |  |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………..….Date: ………………………..

Signed by the Provider: ………………………………………………………………………………….…….. Date: ………………………

## SECTION 4: TWO-YEAR-OLD ENTITLEMENT - FAMILIES IN RECEIPT OF ELIGIBLE BENEFITS, NRPF OR SOCIAL NEEDS CRITERIA [STANDARD AND STRETCHED CLAIMS] – 6-DIGIT CODE ISSUED BY KIRKLEES COUNCIL REQUIRED.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6 Digit Eligibility code |  | | | | | | | |
| Number of terms |  | | | | | | | |
| Enter Weekly Hours | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total |
| Funded hours |  |  |  |  |  |  |  |  |
| Non-funded hours (paid for) |  |  |  |  |  |  |  |  |
| Total hours |  |  |  |  |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………..….Date: ………………………

Signed by the Provider: ………………………………………………………………………………….…….. Date: …………………….

## SECTION 5: THREE AND FOUR-YEAR-OLDS UNIVERSAL AND WORKING PARENT ENTITLEMENT [COMPLETE FOR STANDARD AND STRETCHED CLAIMS] NOTE: NO CODE IS REQUIRED TO CLAIM UNIVERSAL HOURS.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11 Digit Eligibility code |  | | | | | | | |
| Number of terms |  | | | | | | | |
| Enter Weekly Hours | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total |
| Universal funded hours |  |  |  |  |  |  |  |  |
| Working Parent funded hours |  |  |  |  |  |  |  |  |
| Non-funded hours (paid for) |  |  |  |  |  |  |  |  |
| Total hours |  |  |  |  |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………..….Date: ………………………

Signed by the Provider: ………………………………………………………………………………….…….. Date: ……………………

## SECTION 6: STRETCHED CLAIM DETAILS

### Important Notes:

* If your child moves to a provider/school nursery place that does NOT offer stretching (e.g. less hours each week over more weeks in the year during the school holidays) your child will only be able to access their remaining entitlement for the rest of the financial year.
* For all children moving into a full-time school reception place in the autumn term (usually the September following the child’s 4th birthday) the stretch hours will automatically be capped at 180/360 hours in the summer term.
* Providers can refer to the stretch example models for the relevant year when completing this section.

## STRETCH YEAR 1 - UNIVERSAL HOURS BOX APPLIES ONLY TO THREE AND FOUR-YEAR-OLD FUNDED CHILDREN.

| Term | Number of stretch weeks in term | Universal funded hours | Working Parent funded hours | Total funded hours |
| --- | --- | --- | --- | --- |
| Summer |  |  |  |  |
| Autumn |  |  |  |  |
| Spring |  |  |  |  |
| Total for the year (start of summer to end of spring term) |  |  |  |  |

Signed by the Parent: ……………………………………………………………………………………Date: ………………

Signed by the Provider: …………………………………………………………………………………Date: ………………

## STRETCH YEAR 2 - UNIVERSAL HOURS BOX APPLIES ONLY TO THREE AND FOUR-YEAR-OLD FUNDED CHILDREN.

| Term | Number of stretch weeks in term | Universal funded hours | Working Parent funded hours | Total funded hours |
| --- | --- | --- | --- | --- |
| Summer |  |  |  |  |
| Autumn |  |  |  |  |
| Spring |  |  |  |  |
| Total for the year (start of summer to end of spring term) |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………Date: ……………

Signed by the Provider: …………………………………………………………………………………. Date: ……………

## STRETCH YEAR 3 - UNIVERSAL HOURS BOX APPLIES ONLY TO THREE AND FOUR-YEAR-OLD FUNDED CHILDREN.

| Term | Number of stretch weeks in term | Universal funded hours | Working Parent funded hours | Total funded hours |
| --- | --- | --- | --- | --- |
| Summer |  |  |  |  |
| Autumn |  |  |  |  |
| Spring |  |  |  |  |
| Total for year (start of summer to end of spring term) |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………Date: ……………

Signed by the Provider: ……………………………………………………………………………………Date: ……………

## STRETCH YEAR 4 - UNIVERSAL HOURS BOX APPLIES ONLY TO THREE- AND FOUR-YEAR-OLD FUNDED CHILDREN.

| Term | Number of stretch weeks in term | Universal funded hours | Working Parent funded hours | Total funded hours |
| --- | --- | --- | --- | --- |
| Summer |  |  |  |  |
| Autumn |  |  |  |  |
| Spring |  |  |  |  |
| Total for year (start of summer to end of spring term) |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………Date: ……………

Signed by the Provider: …………………………………………………………………………………. Date: ……………

## STRETCH YEAR 5 - UNIVERSAL HOURS BOX APPLIES ONLY TO THREE AND FOUR-YEAR-OLD FUNDED CHILDREN.

| Term | Number of stretch weeks in term | Universal funded hours | Working Parent funded hours | Total funded hours |
| --- | --- | --- | --- | --- |
| Summer |  |  |  |  |
| Autumn |  |  |  |  |
| Spring |  |  |  |  |
| Total for the year (start of summer to end of spring term) |  |  |  |  |

Signed by the Parent: ………………………………………………………………………………………Date: ……………

Signed by the Provider: ……………………………………………………………………………………Date: ……………