

Parental Statement of Undertaking (PSOU)

Dear Parent/Carer,

The Free Early Education Entitlement (FEEE) allows 15 hours per week of free childcare for eligible 2 year olds and all 3 & 4 year olds, which equates to a maximum of 570 hours per year. If you are eligible for the extended entitlement, this equates to a maximum of 30 hours per week or 1140 hours per year. **Where you are eligible for 2 year funding or the extended 3 & 4 year entitlement, please ensure you provide your setting with the relevant reference number.**

Please ensure you discuss with your chosen provider(s) about how you can access your funding. Any additional time/charges will have to be paid for at the providers published rate. **Please fill in the details below and return with a copy of your child's Birth Certificate prior to your start date.**

Provision Name:

Child's Name: **DOB:** **Child Start Date:**

Child's Address:..... **Postcode:**

Parent/Carer Name:..... **Relationship to Child:**.....

Contact Tel No:..... **Email Address:**.....

Total number of FEEE hours to be funded by the LA (please indicate):	Mon hrs	Tue hrs	Wed hrs	Thu hrs	Fri hrs	Total hours per week

If you intend to use another provider, please give details below:

Provision Name	Start Date	Total number of FEEE hours claimed per week

Disability Access Fund (DAF):

3 & 4 year old children in receipt of Disability Living Allowance (DLA) and in receipt of the free entitlement are eligible for the DAF. This is paid at a fixed rate to your nominated childcare setting. You can only nominate one provider. This will not give you a discount to your payments. You will be asked to provide evidence of your access to DLA.

Is your child eligible to receive DAF: Yes / No

If Yes, which provision would you like to nominate to receive the DAF:

Parent/Carer information: This form will cover the entire period of time your child attends the provider stated above.

- **If your child's hours change, please ensure you complete a new form immediately.**
- **If your child leaves prior to the end of term, and you intend to claim elsewhere, please ensure you inform the setting as soon as possible, to allow continuation of funding.**

Signature of parent / carer:..... Date:.....

The information you provide in this form will be used by the council and, when relevant, its partners. Your personal information will be held securely and will be used only for local authority purposes.

For setting use only - You may want to record details below of unique references where applicable.

	Reference Number	Date of check(s)
2 year funding		
3/4 year extended entitlement		
EYPP		