**PARENT/PROVIDER CONTRACT – RECORD OF CHANGE**

**An agreement between parents and early years providers in**

**Devon about the free entitlement for 3 and 4 year olds**

|  |  |
| --- | --- |
| **Name of Provider** | **Roundswell Community Primary Academy** |
| **Name of Child** |  | **Date of Birth** |  |
| **Address** |  | **Postcode** |  |
| **Parent name and email address** |  |

**Your child has been offered an integrated care and education place for**:

|  |  |  |
| --- | --- | --- |
| **Total Hours agreed**  |  |  (to be completed by the provider) |
| **Duration** |  |

**Funded Hours shown as F and Additional Hours shown as A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  | **9-12** |  | **12-3** |  |
| **Day** |  | 3 hourmorning session including lunchtime |  | 3 hour afternoon session |  |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |

Intake – We admit children into our nursery at the beginning of every half term. You will receive funding the term after your child’s third birthday.

|  |
| --- |
| **If you intend to use 30 hours entitlement please ensure you complete the boxes below.** |
| Name of parent |  |
| Your National Insurance number |  |
| 30 hours eligibility code number |  |
| Written consent of parent | I give Roundswell Community Primary Academy permission to validate my 30 hours eligibility code written above, and all future eligibility codes I may submit to them.Signature of Parent/Carer: Date:  |

Please note that it is your responsibility to check that you meet the eligibility criteria for the 30 hour funding offer. You will need to re-check your eligibility code every term. Sessions taken beyond your entitlement will be charged at £4.10 per hour.

**Parent/Carer to complete one of the statements below:**

**Statement 1** (If your child is claiming a maximum of 15 or 30 hours per week at **Roundswell Community Primary Academy**).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that my child will access |  |  hours per week over |  |  days. |

I confirm that my child does not access a free place with another Devon provider or with a provider in another Local Authority (including private nurseries, childminders etc).

**Statement 2** (If your child is claiming the free entitlement with more than **one provider**. The total claim must not exceed 15 or 30 hours per week).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that my child will access |  | hours per week over |  | days with Roundswell and: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| He/She is also accessing |  | hours per week over |  | days with: |

|  |  |
| --- | --- |
| **Name of Provider** |  |
| **Address of Provider** |  |
| **Post Code** |  |

**Statement 3** (If your child is claiming the free entitlement with more than **two providers.** The total claim must not exceed 15 or 30 hours per week).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that my child will access |  | hours per week over |  |  days with Roundswell and: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| He/She is also accessing |  | hours per week over |  | days with: |

|  |  |
| --- | --- |
| **Name of Provider** |  |
| **Address of Provider** |  |
| **Post Code** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| He/She is also accessing |  | hours per week over |  | days with: |

|  |  |
| --- | --- |
| **Name of Provider** |  |
| **Address of Provider** |  |
| **Post Code** |  |

Please tick to show that you agree with the following conditions of the funding.

* I understand that I cannot be charged for the 15 or 30 hours of Free Entitlement
* I agree to the change of hours my child will attend nursery and understand that

 if I change my mind the previous hours my child attended may no longer be

available

* I have agreed to pay fees for these additional services based on the times

agreed and not actual attendance

* I accept the conditions of the Roundswell Community Primary Academy

 Admissions and Charging Policies

|  |  |
| --- | --- |
| **Total hours agreed** |  |
|  |  |
| **Total funded hours agreed** |  |
|  |  |
| **Balance of hours to be charged****(see charging policy)** |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that If I have given any false information on this form, I may be asked to reimburse the provider. I understand that checks on the system will be made and that I am required to give my provider a copy of my child’s birth certificate as proof of his/her date of birth.

**Please provide the office with your child’s birth certificate (which we will take a copy of) and your National Insurance number before your child starts in the nursery.**