**Name of Provider …………………………………………………………..……… Setting Number …….………….**

This contract is an agreement between the above **Provider** and the **Parent/Guardian** of the child named below for Early Years provision in the **Autumn 2015 Term** starting **1 September** and ending **31 December 2015.** During this period the free entitlement to Early Years provision will be for **15 weeks.**

**Child’s Legal Name (as shown on the birth certificate - evidence must be seen by the provider**)

**Legal Forename** ………………………………… **Legal Surname**: …………………………………………

**Name child is known by, if different from above:** …………………………………………………………

**Date of Birth:** …………………………………… .**Gender:** Male/Female (please circle as appropriate)

**Address:** ..................................................................................................................................................

…………………………………………………………………………………...**Postcode**: ……………………………….

**Ethnic Source (please tick as appropriate)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ABAN** - Bangladeshi |  | **MWBC** – White/Black Caribbean |  | **WOTW** – Other White |  |
| **AIND** – Indian |  | **OLIB** – Libyan |  | **WOWB** – Other White British  |  |
| **AOTH** – Any other Asian Background |  | **OOEG** – Other Ethnic Group |  | **WROM** – Roma/Roma Gypsy |  |
| **APKN** – Pakistani |  | **WBRI –** White British |  | **WSCO** – Scottish |  |
| **ASRO** – SRI Lanken Other |  | **WCOR** – Cornish |  | **WTUC** – Turkish Cypriot |  |
| **BAFR** – African |  | **WEEU** – White Eastern European |  | **WTUR** – Turkish/Turkish Cypriot |  |
| **BCRB** – Black Caribbean |  | **WENG** – English  |  | **WWEL** – Welsh |  |
| **BOTH** – Any other Black Background |  | **WGRC** – Greek Cypriot |  | **WWEU** – White Western European |  |
| **CHNE** – Chinese |  | **WGRK** – Greek |  | **NOBT** – Info not obtained |  |
| **MOTH** – Any other Mixed Background |  | **WIRI** – Irish |  | **REFU** - Refused |  |
| **MWAS** – White/Asian |  | **WIRT** – Traveller-Irish Heritage |  | **WSCO** – Scottish |  |
| **MWBA** – White/Black African |  | **WOTH** – Any other White Background |  |  |  |

**Weekly Schedule of Hours and Fees (To be completed by the Early Years Provision Provider)**

**If child is attending FUNDED hours only, you only need to complete the number of FREE hours on the 1st row.**

Below is a schedule that shows free entitlement hours, any additional hours to be paid for and weekly fees, that the parent and provider have agreed to for this term.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total Per Wk** |
| **Number of FREE hours** |  |  |  |  |  |  |
| **Number of PAID hours** |  |  |  |  |  |  |
| **Total Hours each day** |  |  |  |  |  |  |
|  | £ | £ | £ | £ | £ | **Weekly Total** |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
|  | £ | £ | £ | £ | £ |
| **Total Daily Cost** | £ | £ | £ | £ | £ | £ |
| **Cost for Lunch** | £ | £ | £ | £ | £ | £ |
|  **Total Weekly Amount Payable** | £ |

The total weekly amount payable on the weekly schedule is the amount due when the child is receiving the FREE Early Years Entitlement for **15 funded weeks** in the **Autumn Term.**

For the remaining non-funded weeks in the term, the amount payable will be £\_\_\_\_\_\_\_\_\_\_\_\_\_. This must be paid in accordance with the Setting’s payment terms.

**Important Parent/Guardian Information**

If your child is accessing the free entitlement over the lunch period, the cost of lunch must have been agreed in advance and parents/guardians must have been given the option of providing a packed lunch if preferred.

No charges can be made for enrolment/upfront fees/admin fees in relation to free Early Years provision.

Parent/Guardian’s should not be required to pay up-front for any part of the 15 hours free entitlement to be refunded at a later date.

I have seen and read the Council Privacy Notice, this notice covers processing carried out by Early Years Settings, Schools and Local Authorities (LA’s). Data controllers have to provide ‘data subjects’ with details of who they are, the purposes for which they process the personal data, and any other information that is necessary to make the processing of the personal data fair, including any third parties to whom the data may be passed on.

* I have not been obligated to purchase additional hours or pay for lunchtime provision.
* The FREE 15 hours of Early Education Entitlement agreed in this contract, cannot be transferred to another setting during the term, without meeting the criteria for Exceptional Circumstances:
* If the family leaves the area
* If the family’s circumstances change, i.e. a new job/unemployment
* Provision not appropriate to child’s needs (must be mutually agreed between Parent/Guardian and Provider).

If an exceptional circumstance is agreed by the Local Authority, I must give the Provider 4 weeks notice otherwise I will be liable to reimburse this provider for any costs incurred.

* I agree to pay the provider for any provision accessed by my child over and above the free entitlement.
* I confirm that all the information I have provided on this form is true and accurate.

**­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Declaration**

If your child accesses a free Early Years place with another Setting you **must** confirm the details below;

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Setting** |  | **Total number of FREE hours per week they claim at this setting** |  |

**Parent/Guardian with Legal Responsibility of the named child**

|  |  |
| --- | --- |
| **First Parent/Guardian**  | **Second Parent/Guardian** |
| **Forename** |  | **Forename** |  |
| **Surname** |  | **Surname** |  |
| **DOB** |  |  |  |  |  |  |  |  |  | **DOB** |  |  |  |  |  |  |  |  |  |
| **Nat Ins/****NASS No** |  |  |  |  |  |  |  |  |  | **Nat Ins/****NASS No** |  |  |  |  |  |  |  |  |  |
| **Relationship to child** |  | **Relationship to child** |  |

My child is looked after, or has left care through adoption, special Guardianship or a residence order

**I understand that my National Insurance/NASS number will be used to check my eligibility for Early Years Pupil Premium (EYPP). I authorise Wigan Council to re check my eligibility to claim EYPP for my child as required by the Department for Education.**

**I understand that by completing and signing this contract that my Child cannot move settings, during the Autumn 2015 Term (1 September-31 December 2015)**

**Signature of First Parent/Guardian: …………………………………………………… Date …………………**

**Signature of Second Parent/Guardian: …………………………………………………… Date …………………**