

# White Laith Nursery Provision from September 2021

# **Policy and Procedure**

This is the current school offer for September 2021. This offer will be reviewed termly and is subject to change due to demand, operational requirements and consideration of parental needs. However, if a child has been allocated a place and sessions the option for parents to keep these for the school year will be guaranteed.

#### 15 hours

15 hours Free Early Education will be available **from your child's 3<sup>rd</sup> birthday**. There is also the option to pay for extra sessions.

### 30 hours

30 hours Free Early Education will be available from the term after your child's 3<sup>rd</sup> birthday.

### **Application procedure:**

- Parents can apply to be put on our Nursery waiting list at any time
- Parents should complete the Data Collection Form, Session Request Form and Parental Declaration
   Form For Free Early Year Education Entitlement forms are available to download from the website
   or parents can request a paper copy from the office
- If parents are eligible for 30 hours funding they should follow the steps below

#### 30 hours procedure:

- Parents must apply for funding in advance during the term <u>before</u> it is required. Sign up through https://childcare-support.tax.service.gov.uk/
- Parents must complete the Parental Declaration Form For Free Early Year Education Entitlement including the 30 Hour code option under Section 6 of this form.
- Admin staff will contact LA to validate the code
- On receipt of validation the Admin team will inform parents that the code is valid and confirm the place and start date.
- Parents must reconfirm their eligibility every 3 months.
- If a parent is no longer eligible for 30 hours they will receive a grace period during which time the child can still attend for 30 hours. (The grace period is determined by the ECS see Early Years operational Guidance).
- The LA will inform school when a parent is no longer eligible and the dates of the grace period

- Admin staff inform parents of the grace period end date. At this point parents will be informed that
  unless their circumstances change again so that they fulfil the criteria for eligibility their place will
  end.
- During the grace period, if circumstances change parents must ensure they re-apply so their place is validated for the next period.
- During the grace period Admin staff will contact parents every 4 weeks to check on the circumstances of the claim.
- Should a parent be within the grace period their place will not be offered to another parent until the grace period has expired.
- If parents lose eligibility for 30 hours they will still be able to access a 15 hours place

### How do I qualify for 30 hours' free childcare?

The government has set out the criteria that entitles your child to 30 hours free nursery education. These are:

- Both parents are working (or sole parent in a lone parent family)
- Each parent/carer earns an average weekly minimum salary equivalent to 16 hours at national minimum wage (NMW) (for under 25 year olds) or national living wage (NLW) (if over 25 years old).
- Each parent earns less than £100,000 per year.

Or

- Both parents are employed but one or both parents is temporarily away from the workplace on parental, maternity or paternity or adoption leave or stator sick pay.
- One parent is employed and the other parent has substantial caring responsibilities based on specific benefits received for caring.
- One parent is employed and one parent is disabled or incapacitated based on receipt of specific benefits.

# 30 hours Free Early Education— (available from the term after my child's 3<sup>rd</sup> birthday)

Monday to Friday 8.45 to 3.15 every day (doors open 3.00 for collection)

Get your code at this website

https://childcare-support.tax.service.gov.uk/

Remember you need to get this code as soon as possible. We will use this code to validate your 30 hours free place.

You will receive an email every 3 months which will ask you to confirm that you are still eligible. You need to respond to this email to maintain your free hours.

Remember: Your child can have a 15 hour place until the term after they are 3 when they can extend it to a 30 hours place

# **15 hours Nursery Sessions Request Form**

# available from my child's 3<sup>rd</sup> birthday

| Parent's name  |               |
|--|---------------|
| Name of child  | Date of Birth |
| would like my child to start nursery in (please state month) |               |

|                    |  | Tick option required |
|--------------------|--|----------------------|
| Morning sessions   | Monday to Friday 8.45am -<br>11.45am<br>Doors open from 11.30am<br>for collection.       |                      |
| Afternoon sessions | Monday to Friday 12.15pm - 3.15 pm Doors open from 3.00pm for collection.                |                      |
| 2 ½ days           | Monday and Tuesday<br>8.45am - 3.15pm and<br>Wednesday morning<br>8.45am - 11.45am.      |                      |
| 2 ½ days           | Wednesday afternoon<br>12.15pm - 3.15pm and<br>Thursday and Friday 8.45am<br>till 3.15pm |                      |

# Paid for extra sessions (available from my child's 3<sup>rd</sup> birthday)

We may be able to offer extra paid for sessions. Please let us know which extra session you wish to pay for.

| Morning session 8.45 –<br>11.45         | Please circle:       | £10 |
|---|----------------------|-----|
| Doors open from 11.30am for collection. | Mon Tue Wed Thur Fri |     |
| Afternoon session 12.15 – 3.15pm        | Please circle:       | £10 |
| Doors open from 3.00pm for collection.  | Mon Tue Wed Thur Fri |     |
| Full day session 8.45 am – 3.15pm       | Please circle:       | £18 |
| Doors open from 3.00pm for collection.  | Mon Tue Wed Thur Fri |     |

| White Laith Primary School  |
|---|
| Your Child's Surname Middle Name(s) Forename  |
| Legal Surname Chosen Name (if different to Forename)  |
| Please provide a copy of birth certificate Date of Birth/ Gender (M/F)  |
| Please give details of brothers/sisters who are attending or have previously attended our school:   |
| Name : Class :  |
| Name : Class :  |
| Name : Class :  |
| ADDRESS OF CHILD  |
| Street:   |
| Postcode : Home Telephone No :  |
|   |
| Please give details of all persons who can be contacted in an emergency.  |
| Please use the CONTACT PRIORITY (Numbers 1-4) to indicate the preferred order in which contacts should be contacted. If you wish to give more than 4 contacts please use a separate piece of paper. |
|   |
| PARENT/ CARER DETAILS         Surname :   |
| Daytime Tel No : Daytime Place (if not home) :  |
| Makila Na . Frasil Address .  |
| Mobile No : Email Address :   |
| Home Address :  |
| Post Code : Home Tel No :   |
| Please indicate relationship to child (e.g. Parent / Step Parent) :   |
| Does the above named contact have Legal Parental Responsibility for the child :   |
| Contact Priority :  |
| PARENT / CARER DETAILS Surname : Title : Date of Birth  |
| Daytime Tel No :  |
| Mobile No : Email Address :   |
|   |
| Home Address :  |
| Post Code : Home Tel No :   |
| Please indicate relationship to child (e.g. Parent / Step Parent) :   |
| Contact Priority:   |

| OTHER C   | ONTACT D    | ETAI   | LS        |                  |           |           |                          |           |       |            |  |
|-----------|-------------|--------|-----------|------------------|-----------|-----------|--------------------------|-----------|-------|------------|--|
| Surname   | :           |        |           | Foren            | ame :     |           | Т                        | itle :    | Date  | e of Birth |  |
| Daytime   | Tel No :    |        |           | . Daytim         | ne Place  | (if not h | nome) :                  |           | ••••• |            |  |
| Mobile N  | lo :        |        |           | . Email A        | Address   | :         |                          |           |       |            |  |
| Home A    | ddress :    |        |           |                  |           |           |                          |           |       |            |  |
|           |             |        |           | . Post Co        | ode :     |           | Home Tel No              | o :       |       |            |  |
| Please in | dicate rela | itions | hip to ch | ild (e.g. P      | arent / : | Step Par  | ent) :                   |           |       |            |  |
| Does the  | above nai   | med o  | ontact h  | ave <b>Legal</b> | Parent    | al Respo  | <b>nsibility</b> for the | e child : |       |            |  |
| Contact   | Priority :  |        |           |                  |           |           |                          |           |       |            |  |
|           | CONTACT D   |        |           |                  |           |           |                          |           |       |            |  |
| Surname   | :           |        |           | Foren            | ame :     |           | Т                        | itle :    | Date  | of Birth . |  |
| Daytime   | Tel No :    | •••••  |           | . Daytim         | ne Place  | (if not h | nome) :                  |           |       |            |  |
| Mobile N  | lo :        |        |           | . Email A        | Address   | :         |                          |           |       |            |  |
| Home Ad   | ddress:     |        |           |                  |           |           |                          |           |       |            |  |
|           |             |        |           | . Post Co        | ode :     |           | Home Tel No              | o :       |       |            |  |
| Please in | dicate rela | itions | hip to ch | ild (e.g. P      | arent / : | Step Par  | ent) :                   |           |       |            |  |
| Does the  | above nai   | med o  | ontact h  | ave <b>Legal</b> | Parent    | al Respo  | <b>nsibility</b> for the | e child : | ••••• |            |  |
| Contact   | Priority :  |        |           |                  |           |           |                          |           |       |            |  |
| TRAVEL A  | RRANGEN     | IENTS  | : Please  | tick appro       | opriate   | box       |                          |           |       |            |  |
| Car       | Schoo       |        | Bus       | Trai             | 'n        | Taxi      | Bicycle                  | Walk      | (     | Other      |  |
| DINNER A  | RRANGEN     |        | – Please  | tick appı        | ropriate  | box       |                          |           |       |            |  |
| School    | School      | San    | dwiches   | Home             | Othe      | r         |                          |           |       |            |  |
| Dinner    | Dinner      | Sail   | uwiches   | Tionie           | Othe      | !         |                          |           |       |            |  |
| Paid      | Free        |        |           |                  |           |           |                          |           |       |            |  |
| Special D | ietary Nee  | eds :  |           |                  |           |           |                          |           |       |            |  |
|           |             |        |           |                  |           |           |                          |           |       |            |  |
| MEDICA    | L INFORM    | ATIO   | N         |                  |           |           |                          |           |       |            |  |
| Doctor's  | Name :      | •••••  |           |                  |           |           | Tel No :                 |           |       |            |  |
| Address   | of Practice | :      |           |                  |           |           |                          |           |       |            |  |
| Medical   | conditions  | / alle | rgies (of | which sch        | nool sho  | ould be a | ware)                    |           |       |            |  |
| IF YOUR   | CHILD IS A  | STHN   |           |                  |           |           | TO SCHOOL                |           |       |            |  |

| EDUCATIONAL HISTORY (if application  | able)               |                  |                     |                        |          |
|--------------------------------------|---------------------|------------------|---------------------|------------------------|----------|
| Previous School / Nursery A          | Address             |                  |                     | Dates of Starting & Le | eaving   |
|                                      |                     |                  |                     | / to/                  | _        |
|                                      |                     |                  |                     | / to/                  |          |
|                                      |                     |                  |                     |                        |          |
| Does your child attend another nu    | ursery if so where  | and which        | days do they attend |                        |          |
|                                      |                     |                  |                     |                        |          |
|                                      |                     |                  |                     |                        |          |
| Please tick the relevant box         |                     |                  |                     |                        |          |
| RELIGION                             |                     |                  |                     |                        |          |
| Christian                            |                     |                  |                     |                        |          |
| Hindu                                |                     |                  |                     |                        |          |
| Jewish                               |                     |                  |                     |                        |          |
| Muslim                               |                     |                  |                     |                        |          |
| Rastafarian                          |                     |                  |                     |                        |          |
| Sikh                                 |                     |                  |                     |                        |          |
| No Religion                          |                     |                  |                     |                        |          |
| Other – Please State                 |                     |                  |                     |                        |          |
|                                      |                     |                  |                     |                        |          |
| Doos your shild qualify for Disabili | ity Living Alloygon | V / N            | 7                   |                        |          |
| Does your child qualify for Disabili | ity Living Allowali | ice Y/N          |                     |                        |          |
|                                      |                     |                  |                     |                        |          |
| HOME LANGUAGE                        |                     |                  |                     |                        |          |
| English                              |                     |                  |                     |                        |          |
| If not English please state home la  | anguage             |                  |                     |                        |          |
| Is English an additional language (  | Y/N)                |                  |                     |                        |          |
| We do not with a home language       | to be recorded      |                  |                     |                        |          |
| ETHNICITY                            |                     |                  |                     |                        |          |
| White British                        |                     |                  | Chinese             |                        |          |
| Black British                        |                     |                  | Gypsy / Romany      |                        |          |
| White / Indian                       |                     |                  | Indian              |                        |          |
| White / Black African                |                     |                  | Kashmiri            |                        |          |
| White / Black Caribbean              |                     |                  | Pakistani           |                        |          |
| Any other mixed background – ple     | ease state          |                  | White European - E  | ast / West             |          |
| Black African                        |                     |                  | Other               |                        |          |
| Black Caribbean                      |                     |                  | Refused             |                        |          |
|                                      |                     |                  |                     |                        |          |
| COUNTRY OF BIRTH                     |                     |                  |                     |                        |          |
| NATIONALITY                          |                     |                  |                     | -                      |          |
| PARENT WORKING IN THE ARME           | D FORCES (Y/N) :    |                  |                     |                        |          |
|                                      |                     |                  |                     |                        | <u> </u> |
| INICODA A TION CIVEN BY              |                     | Other 1          | S:£-\               | $\neg$                 |          |
| INFORMATION GIVEN BY Paren           | nt Pupil            | Other (          | specity)            |                        |          |
|                                      |                     |                  |                     |                        |          |
| SIGNATURE(S) of persons who have     | e legal responsibi  | ility for this p | oupil               |                        |          |
|                                      |                     |                  |                     |                        |          |
|                                      |                     |                  |                     |                        |          |
| Signed                               | Date                |                  |                     |                        |          |
|                                      |                     |                  |                     |                        |          |
|                                      |                     |                  |                     |                        |          |

# Annex A: Parental Declaration Form for Free Early Education Entitlement (FEEE)

# 1. Setting details

| Setting Name |  |
|--------------|--|
| Setting URN  |  |

#### 2. Child's details

| First name:                 |     | Prefer | red Surname: |       |
|-----------------------------|-----|--------|--------------|-------|
| Surname:                    |     | Middle | name(s):     |       |
| Date of Birth               |     | Gende  | er:          | M / F |
| Ethnicity:                  |     |        |              |       |
| Present During EY<br>Census | Yes |        | No           |       |

# 3. Parent's details

| Parent/Carer 1<br>Name | Parent/Carer 1 DOB |  |
|------------------------|--------------------|--|
| Parent/Carer 1         |                    |  |
| NI Number:             |                    |  |

| Parent/Carer 2 DOB |                    |
|--------------------|--------------------|
|                    |                    |
|                    | Parent/Carer 2 DOB |

# 4. Child's home information

| Building name / no. | Street           |  |
|---------------------|------------------|--|
| Area                | Town / city      |  |
| Postcode            | Telephone number |  |

#### 5. 2 year old FEEE

To access the 2 year old FEEE your child must meet the eligibility criteria, please indicate below if your child meets the criteria and which of the criteria they meet. Either **Economic (ECO)** checked with Leeds City Council, **Looked After Child (LAA)** proof shown to provider, or **SEND (HSD)** proof shown to provider. https://www.gov.uk/help-with-childcare-costs/free-childcare-2-year-olds

| Eligible for 2 year old FEEE: | YES | NO | 2 year FEEE Eligibility (Please state under which criteria the child is eligible): |  |
|-------------------------------|-----|----|--|--|
|-------------------------------|-----|----|--|--|

#### 6. FEEE Additional Entitlement

To access the FEEE Additional Entitlement you must have applied for a voucher code via the <a href="https://example.com/hmcc/en-sub-number-10"><u>HMRC's 30</u></a><a href="https://en-sub-number-10">hour code application</a> and confirmed your eligibility with your childcare provider, please indicate below if your child meets the criteria and input your voucher code.

| Eligible for the FEEE additional entitlement: | YES | NO | 30 hour voucher code: |  |
|---|-----|----|-----------------------|--|
|---|-----|----|-----------------------|--|

# 7. Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits and accessing 3 and 4 year old FEEE. This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider.

If you believe that your child may qualify for the EYPP please indicate below if your child meets the criteria and which of the criteria they meet. Either Economic (EE) or Looked After (EO).

| Eligible for Early<br>Years Pupil<br>Premium? (EYPP): | YES | NO | EYPP Eligibility (Please state under which criteria the child is eligible): |  |
|---|-----|----|---|--|
|---|-----|----|---|--|

# 8. Disability Access Fund Declaration

Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

| Is your child eligible and in receipt of Disability Living Allowance (DLA)?:  YES | NO |
|---|----|
|---|----|

#### 9. Attendance details

- You need to agree and complete this Declaration Form with each setting your child attends for their FEEE universal entitlement (Eligible 2 year olds and 3/4 year olds) or FEEE additional entitlement (Eligible 3/4 year olds only) per annum (Financial Year April-March) in order to ensure that funding is paid fairly between them.
- The maximum entitlement per annum (Apr-Mar) is 570 hours Universal Entitlement, and if eligible 570 Additional Entitlement. Please speak to your childcare setting about the FEEE sessions they operate (hours and days). These should be detailed on your contract with them, and via child registers.
- Your child can attend a maximum of two sites (refers to provider postcode) in a single day. It is the parent's decision how the funding is allocated between all providers who offer both universal and extended funding. However, if one of the Providers only offers universal entitlement funded places, that Provider must inform the parent prior to the child taking up the place that they will claim Universal Entitlement only.

| My ch           | nild is claimin                   | ng FEEE  | with this s | etting fron | n:       |   |
|-----------------|-----------------------------------|----------|-------------|-------------|----------|---|
|                 | Claim start                       | date     |             |             |          |   |
| Until           | (this can be e                    | entered  | once know   | n)          |          |   |
|                 | Claim end d                       | late     |             |             |          |   |
|                 | nild is attendi<br>and 3/4 year o |          | ollowing se | ettings for | the FEEE | Universal Entitlement for eligible 2 year         |
|                 |                                   | Please   | enter total | Universal   | FEEE     |   |
| Settin          | ng Name(s)                        | hours    | attended    |             |          |   |
|                 | g riamo(o)                        |          |             |             |          |   |
| Α               |                                   |          |             |             |          |   |
| В               |                                   |          |             |             |          |   |
| С               |                                   |          |             |             |          |   |
| FEE             | l Annual<br>E hours<br>nded       |          |             |             |          |   |
| My ch<br>year o |                                   | ng the f | ollowing se | ettings for | the FEEE | :<br>Additional Entitlement FEEE for eligible 3/4 |
|                 |                                   | Please   | enter total | Additiona   | I FEEE   |   |
| Settin          | ng Name(s)                        | hours    | attended    |             |          |   |
| A               |                                   |          |             |             |          |   |
| В               |                                   |          |             |             |          |   |
|                 |                                   |          |             |             |          |   |
| C               |                                   |          |             |             |          |   |

Total Annual FEEE hours Attended

If your child attends any hours above the Universal or Additional FEEE, please indicate this here:

| Hours Attended Above FEEE |  |
|---------------------------|--|

If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF/EYPP (this should be the provider claiming universal entitlement):

|        | Setting Name                                 |                    |                     |  |               |
|--------|--|--------------------|---------------------|--|---------------|
| 10. Pa | rent/Carer/Guardia                           | n with legal respo | onsibility declara  | tion                                   |               |
| Declar | ation I (Name)                               |                    |                     |  | of (Address)  |
|        |  |                    |                     |  |               |
|        | m that the informatio conditions set out in  | this document and  | d I authorise (Name | and true. I understande of Provider/s) | · ·           |
|        | free entitlement fund<br>streams my child is | 0                  | ve on behalf of m   | y child, and inform me                 | which funding |

In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child's eligibility for 2 year old FEEE or the FEEE additional Entitlement and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

| Parent/Carer/Guardian with legal responsibility |  | Childcare Provider |  |
|---|--|--------------------|--|
| Signed  |  | Signed             |  |
| Print   |  | Print              |  |
| name  |  | name               |  |
| Date  |  | Date               |  |

If any of the above information changes a new parental declaration form must be completed immediately.

#### 11. Data privacy

#### **Free Early Education Entitlement**

#### PRIVACY NOTICE

Leeds City Council takes its obligations under the UK Data Protection legislation very seriously. The information you provide will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called "special category data") which requires more protection by us to keep it safe. Leeds City Council are the owner (data controller) of this information and therefore obliged to fully comply with the UK Data Protection Legislation.

Any personal and sensitive information you provide will be collected, used, shared and held by Leeds City Council specifically to support your child's learning and development with regard to Free Early Education Entitlement (FEEE) allocation, which includes deciding eligibility and amount of funding, assessment of any Special Educational Needs a child may have, as well as monitoring attainment. We collect and hold your information to exercise a public task in our official authority related to the provision and monitoring of Free Early Education Entitlement.

As part of the assessment of eligibility, the Council will need to share some of your information with the following internal and external services; Children's services, Safeguarding, Sufficiency & Capacity, Early Years improvement Leeds Health teams and Department for Education. We will keep your personal information up to your child's 25<sup>th</sup> birthday in line with the Leeds City Council retention schedule.

Should you object to Leeds City Council using your information in this way, your child would be unable to receive an allocation of Free Early Education Entitlement, and would therefore miss out on funding they are eligible and entitled to.

You have rights in respect of the information we hold about you, including the right to ask for access to your information or to withdraw from this process. Further information in respect of your rights is available at <a href="https://www.leeds.gov.uk/privacy-and-data/data-protection-act">https://www.leeds.gov.uk/privacy-and-data/data-protection-act</a> To exercise any of your rights, please contact the Family Information Service on 0113 378 9700 or via emailing <a href="mailto:feeequeries@leeds.gov.uk">feeequeries@leeds.gov.uk</a>, or contact: <a href="mailto:dpfoi@leeds.gov.uk">dpfoi@leeds.gov.uk</a>; any One Stop Centre, or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.

Further information in respect of your privacy and your information is available at: <a href="https://www.leeds.gov.uk/docs/GDPR%20Rights%20public%20guide.pdf">https://www.leeds.gov.uk/docs/GDPR%20Rights%20public%20guide.pdf</a> This includes contact information for the Council's Data Protection Officer. A paper copy of this information is available on request.