

**Funded Early Education Entitlement for FEEE1W, FEEE2, FEEE2W, FEEE3-4 & EFE**

**Parent / Carer Agreement Form (PAF) for Financial Year 2025/26**

Please read the accompanying [Guidance](#) and complete this form for the Funded Early Education Entitlement (FEEE) to be claimed for your child.

**1.Provider details:**

Name	<b>Hopscotch Day Nursery</b>	Registration Number	<b>EY248665</b>
------	------------------------------	---------------------	-----------------

**2.Child and Parent/Carer details:**

Child details		Parent/Carer details	
Legal Forename		Title (e.g. Mrs, Mr)	
Legal Middle Name(s)		Legal Forename	
Legal Surname		Legal Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>
Address		Address (if different from the child's address)	
Postcode		Postcode	
Date of Birth		Date of Birth	
Ethnicity		NI/NASS Number	
First Language		Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working Parents Entitlement Code (if applicable)		Relationship to Child	

**IMPORTANT:** To claim the Working Parent Entitlement, your Eligibility Code **must** be approved by Childcare Choices the term prior to making your claim. Please see [Parent Agreement Form – Guidance](#) for further details.

**3.Two-Year-Old Funding for Families Receiving Government Support:**

If you are claiming Two-Year-Old Funding for Families Receiving Government Support, please complete the following section. If you are claiming 3–4-year-old funding or Two-Year-Old Funding for Working Parents, please leave this section blank:

Eligibility Code	TYF881-
Eligibility Date	

**4a.Stretched Funding:**

Funded Early Education Entitlement is offered during term time only, a total of 38 weeks per year. Some Providers will offer to “stretch” the funding allowing you to take fewer hours per week over more weeks per year. If you have agreed to stretch your funding with your Provider, please ensure you have spoken with your Provider to confirm how many funded hours they require to cover the stretch. They may include a Stretched Offer Template to confirm the number of funded hours being used per week.

I am stretching my funding and the hours in Section 4b are correct as per the discussion with my Provider:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

**4b.Attendance details:**

Please confirm how you will be taking up your FEEE below. If you share your funding between 2 Providers, please add the names of both settings and confirmation of the **funded hours** claimed at each. A PAF should be completed for **BOTH** Providers if shared. Please note 2-Year-Old-Funding for Families receiving Government Support cannot be shared and should be claimed at **one setting only**.

Term	Setting Name(s)	No. of Funded Hours per week		No. of Weeks	Total Hours	Parent Signature (or typed name if returned by email)	Date signed
		Universal	Extended				
Summer 2025	1						
	2						
Autumn 2025	1	<b>Hopscotch</b>		<b>14</b>			
	2						
Spring 2026	1	<b>Hopscotch</b>		<b>11</b>			
	2						
I understand that there may be additional <b>voluntary</b> charges for meals/snacks, consumables or additional services such as trips, which will be detailed by my Provider in our Agreement.					Yes, I understand <input type="checkbox"/>		

### 5. Early Years Pupil Premium:

Early Years Pupil Premium (EYPP) is additional funding that may be available to your Provider to support with your child's learning and development. For details about the Eligibility Criteria for EYPP please speak to your Provider or go to: <https://www.essex.gov.uk/early-years-pupil-premium>.

An eligibility check for the economic criteria will be carried out using your surname, date of birth and national insurance number, provided in section 2 of this form.

I consent to my details being checked for EYPP eligibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

### 6. Disability Access Funding (DAF)

If your child is in receipt of Disability Living Allowance, your Provider can claim Disability Access Funding to help provide resources for your child that will assist them to take their FEEE place. DAF can only be claimed with **one** Provider only each year.

I consent to the Provider named on this form claiming DAF on behalf of my child:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have provided a copy of the Disability Living Allowance award letter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 7. Parent Declaration:

You must agree to, and understand, the following Declaration before you are able to claim FEEE with the Provider named in section 1. Please review the below and mark the boxes to confirm you agree.

Please refer to the Essex County Council Privacy Notice to understand how your information will used and shared ([Essex County Council's Privacy Policy](#))

I confirm that the funded hours confirmed in section 4b. are correct and will be claimed by the Provider(s) named.	I agree <input type="checkbox"/>
I understand that I cannot amend the number of <b>Funded</b> Hours claimed after Headcount Day (found in the <a href="#">Parent Agreement Form - Guidance</a> ).	I agree <input type="checkbox"/>
I understand that the funding is non-transferrable during the term. If I choose to move to another Provider during a term, <b>they will be unable to claim the funded hours already committed to the first Provider</b> and the hours will be chargeable.	I agree <input type="checkbox"/>
I consent to my child's attainment data being shared with Essex County Council <b>(if you do not wish for attainment data to be shared, please do not tick):</b>	I agree <input type="checkbox"/>
I confirm that my child is <b>not registered</b> to attend a reception class in a state school.	I agree <input type="checkbox"/>
I have read and understood the <a href="#">Parent Agreement Form – Guidance</a> document.	I agree <input type="checkbox"/>
I understand and consent to the personal information I have provided on this form to be shared with local authority and Department for Education for the purpose of confirming my child's eligibility and enable this provider to claim the entitlement on behalf of my child.	I agree <input type="checkbox"/>
Authorised by Parent/Carer (PRINT NAME):	Date:
Signed (or state <b>Returned by Email</b> ):	
Email Address (if returned electronically your email address will represent your signature):	
Provider Signature:	<b>Hopscotch Day Nursery</b> Date: <b>13 August 2025</b>