

EARLY YEARS PUPIL PREMIUM

VOLUNTARY REGISTRATION FORM

As an approved provider of Early Years Education in Hampshire, we need information about you and your child to make sure we receive all the government funding to which we and your child are entitled. This will help us to provide your child with the best education and support. So that we can claim government funding that is available, please complete this form and return it to us by [date - _____].

ABOUT YOUR CHILD/CHILDREN: (Please enter the child's legal name as shown on birth certificate)

Child's Last Name	Child's First Name	Child's Date of Birth			Name of pre-school, nursery, childminder
		DD	MM	YYYY	
		DD	MM	YYYY	
		DD	MM	YYYY	

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1						Parent/Guardian 2					
Last name												
First Name												
Date of Birth	D		M		Y		D		M		Y	
National Insurance Number*												
National Asylum Support Service (NASS) Number*		/		/				/		/		
Daytime Telephone Number												
Mobile Number												
Address												
	Postcode:						Postcode:					

* Complete as appropriate

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you¹ are in receipt of any of the benefits listed below:

- Income Support
- Income based Jobseekers Allowance
- Income related Employment and Support Allowance
- Child Tax Credit (providing you're not also entitled to Working Tax Credit with an annual gross income of no more than £16,190)
- Working Tax Credit run-on, paid for four weeks after you stop qualifying for Working Tax Credit
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit

Please place an **X** in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the Early Years Pupil Premium.

ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENTS ORDER

If your child has left care through adoption, special guardianship or a child arrangements order and you would like your child to attract the Early Years Pupil Premium, you should complete the following section and attach a copy of the relevant court order:

Has your child been adopted from care?

Yes No

If you have ticked yes in the previous question, have you yet been granted an adoption order by the courts?

Yes No

¹ This includes those who have parental rights for the child/children named on this form.

DECLARATION

I agree that Hampshire County Council will use the information provided to process my claim for Early Years Pupil Premium and will contact other sources as allowed by law to verify my entitlement. I agree that the information may be used to ensure accuracy of records held by the local authority and to check against fraud.

I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn.

I understand that my details will be held securely, in accordance with the principles of the Data Protection Act 1998.

I agree that the information provided can be used to register my family with my local children's centre (if not already registered). I understand that the information will be held confidentially on the Hampshire Children's Centre database and only shared with partner organisations to provide appropriate and timely services and evaluate service provision with parental consent. I also understand that this information may be anonymised and used for statistical purposes.

I understand that whether I use this scheme or not, it will not affect any of the benefits I may be entitled to.

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Signature of parent/guardian with parental responsibility DATE

Childcare Setting/s my child/ren attends:

Name
Name:

Please note:

Any confidential information regarding your family will not be passed on to organisations outside of Children's Services partners without your consent, unless it is of a Child Protection nature, in which case information will be shared with appropriate agencies.

If you DO NOT wish to be registered at your local children's centre, please email childcare@hants.gov.uk. This email address can also be used should you later choose to opt out.