

**Part 2**

 Please use **BLOCK CAPITALS** when completing the form

\* Mandatory information

**1. YOUR CHILD'S DETAILS**

Child's legal name*			
Name by which the child is known (if different from legal name)			
Date of Birth*			
Your childcare provider will need to see proof of your child's date of birth. Please indicate which document you will use. ❶		<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other
		<input type="checkbox"/> Passport	
Address and Postcode*			
Gender*		Ethnicity ❷	
❸ If applicable, please indicate if your child is/has -		<input type="checkbox"/> Looked After By the LA	Left Care through
		<input type="checkbox"/> receiving DLA	<input type="checkbox"/> Adoption
		<input type="checkbox"/> an EHCP	<input type="checkbox"/> Special Guardianship
			<input type="checkbox"/> Child Arrangement Order

**2. YOUR DETAILS (PARENT OR CARER)**

If a NEO or HMRC account exists, please provide the details of the named person on the account	
Parent/Carer legal name*	
Email Address ❹	

**3. YOUR CHILD'S FUNDING ENTITLEMENT**
**My child is eligible for\* -**

<input type="checkbox"/> 2-year-old funding ❺	NEO Code (6 digit)	
<input type="checkbox"/> 3- and 4-year-old universal ❻		
Working Parent ❼		
<input type="checkbox"/> Under 2's	Parent/Carer NI Number	
<input type="checkbox"/> 2-year-old	HMRC Code (11 digit)	
<input type="checkbox"/> 3- and 4-year-old		

**4. EXTRA FUNDING**
**Early Years Pupil Premium (EYPP) ❹**

Do you agree for the LA to complete an EYPP eligibility check? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If YES, please provide your	Parent/Carer Date of Birth
	Parent/Carer NI / NASS Number

**Disability Access Fund (DAF) ❿**

Is your child in receipt of Disability Living Allowance (DLA)? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<b>If YES</b>	
<ul style="list-style-type: none"> <li>Please attach the most recent copy of the DLA award letter to this form. Your nominated childcare provider will share this form and documentation with the LA.</li> <li>If you are using two or more providers for the entitlement, please nominate the one the LA should pay DAF:</li> </ul>	

The information I have provided above is accurate and true.

**Parent/Carer  
Signature:**
**Print Name**
**Date**