

Parent/Provider Agreement for non-funded 2, 3 and 4 year olds

Please read these notes before filling in this form.

- Please note this form is mandatory and must be completed before your Early Years Provider can confirm your child's placement at the setting.
- Please put your child's full name as shown on his/her birth certificate, passport.

This form is to be used by parent/carers for children 2, 3 and 4 year olds paying non-funded hours.

Complete this form if you need to pay for any non-funded hours.

<p>Childs details:</p> <p>Child Legal Family Name: _____</p> <p>Child Legal First Name: _____</p> <p>Child Legal Middle Name(s): _____</p> <p>Name by which the child is known (if different from above): _____</p> <p>Full Address: _____ _____ _____</p> <p>Post Code: _____</p>	<p>Date of Birth: _____</p> <p>Male/Female: _____</p> <p>Documentary proof of DOB Type (e.g. Birth Certificate, Passport): _____</p> <p>Date document recorded (dd/mm/yyyy): _____</p> <p>Document recorded by (name of staff member): _____</p>
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Please tick appropriate ethnic code

Ethnic Codes	
WBRI	White British <input type="checkbox"/>
WIRI	White Irish <input type="checkbox"/>
WIRT	Traveler of Irish Heritage <input type="checkbox"/>
WROM	Gypsy/Roma <input type="checkbox"/>
WOTH	White, any other White background <input type="checkbox"/>
MWBC	Mixed, White and Black Caribbean <input type="checkbox"/>
MWBA	Mixed, White and Black African <input type="checkbox"/>
MWAS	Mixed, White and Asian <input type="checkbox"/>
MOTH	Mixed, any other mixed background <input type="checkbox"/>
AIND	Asian or Asian British, Indian <input type="checkbox"/>
APKN	Asian or Asian British, Pakistani <input type="checkbox"/>
ABAN	Asian or Asian British, Bangladeshi <input type="checkbox"/>
AOTH	Asian or Asian British, any other Asian background <input type="checkbox"/>
BCRB	Black or Black British, Caribbean <input type="checkbox"/>
BACFR	Black or Black British, African <input type="checkbox"/>
BOTH	Black or Black British, any other Black background <input type="checkbox"/>
CHNE	Chinese <input type="checkbox"/>
OOTH	Any other ethnic background <input type="checkbox"/>
REFU	Did not wish to be recorded <input type="checkbox"/>
NOBT	Not obtained <input type="checkbox"/>

This agreement starts from (date): _____

Provider Name	Please enter total Non-Funded hours attending per day									
	Mon am pm		Tue am pm		Wed am pm		Thurs am pm		Fri am pm	
Total daily Non-Funded hours attended per day										

Parent to sign

Statement:

I confirm this is an accurate and true statement and I have read, understood and **agree** to the **conditions of the Little Forest Friends admissions and fees policy**. I understand that I can only cancel my agreement at half term. I also agree that the information I have provided can be shared with Buckinghamshire County Council, Department for Education and Department of Work and Pensions if required.

Print name _____

Signed _____ Date _____