**EARLY YEARS PUPIL PREMIUM (EYPP)**

**VOLUNTARY REGISTRATION FORM**

From April 2015 all early years providers who deliver Government funded early education can claim the early years pupil premium for three and four year old children whose parents are in receipt of one or more of the following benefits:

* Income Support
* Income-based Jobseekers Allowance
* Universal Credit
* Income-related Employment and Support Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* the guaranteed element of State Pension Credit
* Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
* Working Tax Credit run-on

Children are also eligible if:

* They have been looked after by the local authority for at least one day in England or Wales;
* They have been adopted from care in England or Wales;
* They have left care under a special guardianship order or a child arrangement order (formerly known as a residence order) in England or Wales.

Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax **Registering could result in extra funding for your child’s early years provider**

Registering could provide up to an extra £300 per annum for your child’s nursery, pre-school or child minder to fund valuable support like extra training or resources to help raise the quality of your child’s early education.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

We will use the information you provide herein to assess your child’s entitlement to the early years pupil premium.

**ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth | | | Name of preschool, nursery, childminder |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |

**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 you[[1]](#footnote-1) are in receipt of any of the benefits listed below:

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Universal Credit.
* Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
* the guarantee element of State Pension Credit
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
* Working Tax Credit run-on

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**

3 or 4 year old children receiving early education funding (EEF) will also be eligible for EYPP if any of the following additional criteria apply :

They have been in local authority care for 1 day or more in England or Wales

They have been adopted from care in England or Wales

They have left care under a special guardianship order or child arrangement order (formerly a residence order) in England or Wales

Please tick this box if any of these additional criteria apply

How the information in this form will be used

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits by checking the benefit data provided with HMRC and the DWP. We would like your consent to make this check. You are free to withdraw your consent so that your details are not used in future. Whether you use this scheme or not will not affect any of the benefits you may be entitled to.

DECLARATION

The information I have given on this form is complete and accurate. I/we understand that my personal information is held securely and will be used only for local authority purposes.

I/we agree to the local authority using this information to check my/our child’s eligibility for the early years pupil premium and if we are eligible to enable my/our child’s preschool/nursery/childminder to claim the early years pupil premium for my/our child.

Signature of parent/guardian 1: …………………………………………………….

Signature of parent/guardian 2: …………………………………………………….

Date:……………………….

**Thank you for completing this form and helping to make sure your child’s early years provider is as well funded as possible**

1. This includes those who have parental rights for the child/children named on this form. [↑](#footnote-ref-1)