

Nursery Education Funding  
 Southampton City Council  
 Children's Data Team  
 3<sup>rd</sup> Floor Southbrook Rise  
 4 – 8 Millbrook Road East  
 Southampton SO15 1YG



**DECLARATION BY PARENTS AND GUARDIANS OF THREE & FOUR YEAR OLDS (to be retained by the provider for 3 years)**

Southampton City Council need this information to ensure that all the children who receive nursery funding are entitled to it. Returning this form late, incomplete or incorrectly could result in loss of your child's funding or nursery place. Submitting deliberately incorrect information could lead to recovery action against you by the council. Your provider needs this form before they can offer you a funded place. They will also need to see your child's birth certificate as confirmation of their legal name and date of birth.

**Setting Name**

*Term details:* (if whole term, Number of weeks is W)

Year	Term	Number of Weeks	Claim Start Date
201...	Spring/Summer/Autumn		

*Details of child (please use legal names):*

First Name		Gender (M/F)	Date of Birth
Middle Name(s)			
Last Name			
Current Address		Current Post Code	
Previous Address (up to 3 yrs ago)		Previous Post Code	
Name of parent/guardian			
Telephone			

*Where funded education is obtained:*

School/Pre-School/Nursery/Childminder	Hours per week
Setting name	

1. I understand that I can only claim 15 hours per week of funded education for my child.
2. I understand my child could lose their funded place if they do not attend regularly without a satisfactory reason being provided for their absence.
3. I declare that my child receives no funded education other than that which is listed above.

Signed.....Parent/Guardian Date.....

**If this is the first time you have submitted this form, please complete the additional section on the reverse side.**

**PLEASE RETURN THIS FORM TO THE PROVIDER PROMPTLY**

**PTO/**

Please complete the following the first time you submit this form. Southampton City Council is committed to equality of opportunity. We want to ensure that children from all communities and parts of the City can access and use the provision available. Therefore we are monitoring the post code, gender mix, age profile, ethnicity, religion, language needs and additional needs of the children we serve. Please help us by completing the following.



*Ethnic group of child (choose one)*

**White**

- British       Irish       Traveller of Irish Heritage       Gypsy/Roma  
 Any Other White Background

**Mixed**

- White & Black Caribbean       White & Black African       White & Asian  
 Any other Mixed Background

**Asian or Asian British**

- Indian       Pakistani       Bangladeshi       Any other Mixed Background

**Black or Black British**

- Caribbean       African       Any other Black Background

**Chinese**

- Chinese

**Other Ethnic Group**

- Please specify .....

*Disability or additional needs of child (Please tick)*

- Physical     Sensory     Learning     Behaviour     Speech, Language  
 Other (Please specify) .....

*The main language at home.....*

*The child's religion or faith*

- Buddhist     Christian     Hindu     Jewish     Muslim     Sikh  
 No religion     Other religion     Refused

**Thank you for your cooperation.**