

## Parental Declaration Form

### Child's Details

Child's Legal Surname	Child's First Name	Address and Postcode	DOB

Term of Attendance: Autumn  Spring  Summer

### Child's Ethnicity and Gender

White  Black or Black British  Mixed  Male   
 Chinese  Asian or Asian British  Other  Female

### Details of early education funding required

	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Finish					

**Total funded hours claimed with this provider**

### Details of early education funding required at another provider including maintained nurseries

Name of additional provider:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Finish					

**Total funded hours claimed with additional provider**

I certify that the information given above is accurate and I understand that checks may be made by the local authority to confirm the validity of claims by the provider of early years education.

**Signed (Parent/Carer):** .....

**Signed (Childcare Provider):** .....

*I have examined the original copy of a document presented by the parents as the above child's birth certificate and confirm that the date of birth provided on this form agrees with that on the birth certificate.*

*I understand that incorrect amounts paid as a result of inaccurate information provided to Swindon Borough Council by this organisation will be automatically recovered from any future funding payments due.*

*I understand that knowingly providing false information to secure payment of money not lawfully due is a criminal offence and will be referred to the relevant authorities.*

*I understand that personal information on children attending an early years education setting will be held by Swindon Borough Council for the purposes of the administration of early years funding in compliance with the Data Protection Act 1998.*