

TEMPLATE

TERMLY PARENT/PROVIDER CONTRACT

An agreement between parents and early years providers in Devon about the free entitlement for 3 and 4 year olds

Name of Provider			
Name of Child		Date of Birth	
Address		Postcode	

Your child has been offered an integrated care and education place for:
(to be completed by the provider)

Number of Weeks			
Number of Days			
Number of Hours			
Starting From & Up Until	From	Until	

All hours agreed (to be completed by the provider)
Mark Funded Hours as F and Additional Hours as A

Time Day	8-8.30	8.30 - 9	9 - 9.30	9.30 - 10	10 - 10.30	10.30 - 11	11 - 11.30	11.30 - 12	12 - 12.30	12.30 - 1	1 - 1.30	1.30 - 2	2 - 2.30	2.30 - 3	3 - 3.30	3.30 - 4	4 - 4.30	4.30 - 5	5 - 5.30	5.30 - 6
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				

Total Hours agreed

Parent/Carer to complete one of the following statements:

Statement 1 (If your child is claiming a maximum of 15 hours per week, over a minimum 3 days, at the provider named above).

I confirm that my child will access hours per week over days.

I confirm that my child does not access a free place with another Devon provider or with a provider in another Local Authority.

Statement 2 (If your child is claiming the free entitlement with more than one provider. The total claim must not exceed 15 hours per week and must be accessed over a minimum of 3 days).

I confirm that my child will access hours per week over days with this provider and:

He/She is also accessing hours per week over days with:

Name of Provider	
Address of Provider	
Post Code	

Please tick to show that you agree with the following conditions of the grant.

- I understand that I cannot be charged for the 15 hours Free Entitlement
- I have received detailed information from this provider of additional services available for my child.
- I have agreed to pay fees for these additional services based on the times agreed and not actual attendance.

Total hours agreed

Total funded hours agreed

Balance of hours to be charged
(see charging policy)

This form must be returned by _____ (to be completed by provider)

Failure to do so could mean that funding for the free entitlement is not available.

Signed: _____ Date: _____

I understand that if I have given any false information on this form, I may be asked to reimburse the provider. I understand that checks on the system will be made and that I am required to give my provider a copy of my child's birth certificate as proof of his/her date of birth.