

Early Years Entitlement – Supplementary Headcount Form

Name of Early Years Provider: _____

Term in which Hours claimed: _____

Name of Child: _____

Termly Hours Claimed	Name of any other setting attended, including School nursery or Reception Class (maximum of one)	No of hours claimed at other provider	Signature of Parent/Guardian (I will ensure my child attends for the hours I am claiming)	Date

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