|  |  |
| --- | --- |
| **Setting Name** |  |

To be completed by parent/carer of a two, three or four year old child eligible for Early Years Free Entitlement (EYFE) when their child changes EYFE attendance so that it is different from that declared on the **Parental Declaration Form**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Surname**  (as on birth certificate) | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Forename(s)** (as on birth certificate) | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Date of Birth** | | | **D** | **D** | | **M** | **M** | | | **Y** | | | **Y** | Please tick this box to confirm that you have provided a copy of your child’s birth certificate to your childcare provider | | | | | | | | | | |  | | |
|  |  | |  |  | | |  | | |  |
| **30 hour eligibility code** (if applicable): (eg.12345678912) | |  | | | | | | | **2 year funding eligibility (E) number**  (if applicable): | | | | | | | | | | |  | | | | | | | |
| Setting Name(s)  If splitting the ’30 hour’ entitlement, between more than one setting, please indicate below where your child is having their universal entitlement as setting A, and the extended entitlement as settings B and(if applicable) C | | | | | Please enter total EYFE hours attended each day | | | | | | | | | | | | | | | | | | Total number of EYFE hours per week | | | Number of EYFE weeks offered per year (eg. 38, 48, 50, 51,52) | |
| MON | | | TUE | | | | WED | | | THUR | | FRI | | SAT | | SUN | |
| A |  | | | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | |
| B |  | | | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | |
| C |  | | | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | |
| Total daily EYFE hours attended | | | | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | | | |
| **Date of change of EYFE attendance** | | | | | **D** | | | | | | **D** | | | | | **M** | | **M** | | | | **Y** | | **Y** | | |
|  | | | | | |  | | | | |  | |  | | | |  | |  | | |

* I confirm that my child is attending for their EYFE at their childcare setting(s) as outlined above
* I understand that I will have to complete another change of attendance form if my child’s EYFE hours vary from those outlined on this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (Parent)** |  | | |
| **Print Name** |  | **Date** |  |
| **Signed (Childcare Provider)** |  | | |
| **Print Name** |  | **Date** |  |