



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 Child		Date of Birth	
Address		Post Code	
30 Hour funding code (if applicable)		Parent/carer NI no:	

Your child has been offered an integrated care and education place for:

No of funded hours	15 / 30 (please circle as appropriate)	From	September 2022
---------------------------	---	-------------	----------------

Mark Funded hours as F and Additional Hours as P (Paid)

Times	8.50am – 12 noon (counts as 3 hrs for funding)	F/P	12 noon – 1pm (counts as 1 hr for funding)	F/P	12 noon – 3.15pm (counts as 3 hrs for funding)	
Monday	Funded or Paid cost £12.75 a day		Funded or Paid cost £4.25 a day		Funded or Paid cost £12.75 a day	F/P
Tuesday	Funded or Paid cost £12.75 a day		Funded or Paid cost £4.25 a day		Funded or Paid cost £12.75 a day	
Wednesday	Funded or Paid cost £12.75 a day		Funded or Paid cost £4.25 a day		Funded or Paid cost £12.75 a day	
Thursday	Funded or Paid cost £12.75 a day		Funded or Paid cost £4.25 a day		Funded or Paid cost £12.75 a day	
Friday	Funded or Paid cost £12.75 a day		Funded or Paid cost £4.25 a day		Funded or Paid cost £12.75 a day	

Parent/Carer to complete one of the following statements:

Statement 1 (If your child is claiming a maximum of 15/30 hours per week over a minimum of 2 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 from another Local Authority.

Statement 2 (If your child is claiming the free entitlement with more than one provider. The total claim must not exceed 15/30 hours per week and must be accessed over a minimum of 2 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	
Telephone number	

Statement 3 My child is accessing all 15/30 hours funding at an alternative provider and I will be paying for the sessions they attend Offwell Primary School.

Term dates

Funded hours are only available for 38 weeks of the year, some terms the school will be open for longer then this.

Term	Number of weeks open	Dates funded sessions available	Half Term (wk beg)
Autumn	14	06/09/2023 to 15/12/2023	23/10/2023
Spring	11	04/01/2024 to 28/03/2024	12/02/2024
Summer	13	16/04/2024 to 24/07/2024	27/05/2024

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

I understand that I cannot be charged for the 15 hours Free Entitlement (30 hours if applicable)

Please note that the fees need to be paid a term in advance before the sessions can begin.
The fees are **£4.25 per hour**

Total hours agreed _____ per week

Total funded hours agreed _____ 15 per week (or 30 if applicable) from term after the child turns 3

Balance of hours to be charged _____ per week

Total to be invoiced per term _____

NB: Any requests for a change in hours should be made in writing.

Signed On Behalf of Offwell C of E Primary School FSU



..... Date ...April 2023.....

I _____ parent of _____ agree

to the conditions described above and agree to pay in advance for any extra sessions booked and for any late charges incurred.

I understand that although the majority of children attending our nursery will enjoy a smooth transition into our reception class my child's attendance in the FSU in no way guarantees my child entry into the Reception Class at Offwell C of E Primary School.

Signed (Parent or Guardian _____ Date _____