

Funded Early Education Entitlement for FEEE1W, FEEE2, FEEE2W, FEEE3-4 & EFE

Parent / Carer Agreement Form (PAF) for Financial Year 2026/27

Please read the accompanying [Guidance](#) and complete this form for the Funded Early Education Entitlement (FEEE) to be claimed for your child.

1. Provider details:

Name		Registration Number	
------	--	---------------------	--

2. Child and Parent/Carer details:

Child details		Parent/Carer details	
Legal Forename		Title (e.g. Mrs, Mr)	
Legal Middle Name(s)		Legal Forename	
Legal Surname		Legal Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>
Address		Address (if different from the child's address)	
Postcode		Postcode	
Date of Birth		Date of Birth	
Ethnicity		NI/NASS Number	
First Language		Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working Parents Entitlement Code (if applicable)		Relationship to Child	
IMPORTANT: To claim the Working Parent Entitlement, your Eligibility Code must be approved by Best Start in Life the term prior to making your claim. Please see Parent Agreement Form – Guidance for further details.			

3. Early Learning for 2-Year-Olds:

If you are claiming Early Learning for 2-Year-Olds, please complete the following section. For the full criteria and application process please visit the following page: <https://www.essex.gov.uk/children-young-people-and-families/early-years-and-childcare/help-childcare-costs/15-hours-0>.

If you are claiming 3–4-year-old funding or the funding entitlement for Working Parents, please leave this section blank:

Eligibility Code	TYF881-
Eligibility Date	

4a. Stretched Funding:

Funded Early Education Entitlement is offered during term time only, a total of 38 weeks per year. Some Providers will offer to “stretch” the funding allowing you to take fewer hours per week over more weeks per year. If you have agreed to stretch the funding with your Provider, please ensure you have spoken with your Provider to confirm how many funded hours they require to cover the stretch. They may include a Stretched Offer Template to confirm the number of funded hours being used per week.

I am stretching my funding and the hours in Section 4b are correct as per the discussion with my Provider:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

4b. Attendance details:

Please confirm how you will be taking up your FEEE below. If you share your funding between 2 Providers, please add the names of both settings and confirmation of the **funded hours** claimed at each. A PAF should be completed for **BOTH** Providers if shared. Please note Early Learning for 2-Year-Olds cannot be shared and should be claimed at **one setting only**.

Term	Setting Name(s)	No. of Funded Hours per week		Non-Funded Hours	Weeks	Parent Signature (or typed name if returned by email)	Date signed
		Universal	Extended				
Summer 2026	1						
	2						
Autumn 2026	1						
	2						
Spring 2027	1						
	2						

5. Voluntary Chargeable Extras

Government funding is intended to deliver 15 or 30 hours a week of funded, high quality, flexible early education and care. There must not be any mandatory charges for parents in relation to the funded hours.

Government funding is not intended to cover the costs of meals, other consumables, additional hours or additional services. Providers can charge for consumables, meals and snacks, extra activities and additional hours provided they are not mandatory charges or a condition of accessing a place.

I understand that there may be additional voluntary charges for meals/snacks, consumables or additional services such as trips, the cost of which will be detailed by my Provider in our Agreement. I have spoken with my Provider regarding voluntary charges and have been provided with a breakdown. I have agreed to the charges for the following items:		
Meals/Snacks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consumables, such as nappies, suncream etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Services, such as trips, Holiday activities etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Early Years Pupil Premium:

Early Years Pupil Premium (EYPP) is additional funding that may be available to your Provider to support with your child's learning and development. For details about the Eligibility Criteria for EYPP please speak to your Provider or go to: <https://www.essex.gov.uk/early-years-pupil-premium>.

An eligibility check for the economic criteria will be carried out using your surname, date of birth and national insurance number, provided in section 2 of this form.

I consent to my details being checked for EYPP eligibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-------------------------------------------------------------	------------------------------	-----------------------------

7. Disability Access Funding (DAF)

If your child is in receipt of Disability Living Allowance, your Provider can claim Disability Access Funding to help provide resources for your child that will assist them to take their FEEE place. DAF can only be claimed with **one** Provider only each year.

I consent to the Provider named claiming DAF on behalf of my child:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have provided a copy of the Disability Living Allowance award letter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Parent Declaration:

You must agree to, and understand, the following Declaration before you are able to claim FEEE with the Provider named in section 1. Please review the below and mark the boxes to confirm you agree.

Please refer to the Essex County Council Privacy Notice to understand how your information will be used and shared ([Essex County Council's Privacy Policy](#))

I confirm that the funded hours confirmed in section 4b. are correct and will be claimed by the Provider(s) named.	I agree <input type="checkbox"/>
I understand that I cannot amend the number of Funded Hours claimed after Headcount Day (found in the Parent Agreement Form - Guidance).	I agree <input type="checkbox"/>
I understand that the funding is non-transferrable after Headcount Day. If I choose to move to another Provider during a term, they will be unable to claim the funded hours already committed to the first Provider and the hours will be chargeable.	I agree <input type="checkbox"/>
I consent to my child's attainment data being shared with Essex County Council (if you do not wish for attainment data to be shared, please do not tick):	I agree <input type="checkbox"/>

I confirm that my child is not registered to attend a reception class in a state school.		I agree <input type="checkbox"/>
I have read and understood the Parent Agreement Form – Guidance document.		I agree <input type="checkbox"/>
I understand and consent to the personal information I have provided on this form to be shared with local authority and Department for Education for the purpose of confirming my child's eligibility and enable this provider to claim the entitlement on behalf of my child.		I agree <input type="checkbox"/>
Authorised by Parent/Carer (PRINT NAME):		Date:
Signed (or state Returned by Email):		
Email Address (if returned electronically your email address will represent your signature):		
Provider Signature:		Date: