



**Parental Agreement**  
**Eden Park Academy**



Name of child		Parent/ Carer name	
Date of birth		Address	
Telephone number		Postcode	

Day	9-12
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Bluebirds Foundation Unit admits 2 year olds for 15 hours a week with 2gether funding or with payment, and 3/4 year olds for 15 hours a week with funding or payment.

Your child has been offered nursery place provision at the Bluebirds Foundation Unit.

On behalf of Eden Park Academy

Sign.....Print.....

Position.....Date.....

Parent/carer to complete

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

I agree to pay £4.00 per hour (£12 per 3 hour session) if my child is not funded.

I understand that if my child does not attend on these days I will still be required to pay for the sessions. Refunds will only be made if the Nursery is closed due to unforeseen circumstances. I agree to make all payments at least a week in advance. Non-payment of fees may result in the withdrawal of a place. Payments can be made in cash or by cheque made payable to Eden Park Academy and handed in at the School Office.

A two week notice period is required for any child leaving the setting.

Two Year Old Funded Places

<b>Golden Ticket Number or</b>	MM ----- / ----- or ZZ ----- / -----	<b>Date eligible from:</b>	
<b>Citizens Portal</b>	TYF 878 - _____ - _____		

[https://oneonline.devon.gov.uk/CCSCitizenPortal\\_LIVE/Account/Register](https://oneonline.devon.gov.uk/CCSCitizenPortal_LIVE/Account/Register)

Your child can attend a maximum of two sites in a single day and a total of 3 providers. No session can be longer than 10 hours and must be taken between the times of 6am and 8pm. If your child attends more than one provider Devon County Council will fund all providers based on the hours your child is booked into those provisions.

Please complete one of the following statements

Statement 1-If your child is only attending Bluebirds Foundation Unit

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 authority.

Statement 2-If your child receives free entitlement with another provider

I confirm that my child will access.....hours per week over.....days with  
Bluebirds Foundation Unit.

My child will receive .....hours per week over.....days with:  
Name of Provider.....  
Address.....  
Telephone no.....

My child will receive .....hours per week over.....days with:  
Name of Provider.....  
Address.....  
Telephone no.....

**I understand that failure to provide information could mean that funding for free  
entitlement is not available.**

**I agree to pay £4.00 per hour for each non funded session session. Late  
collections will be charged pro rata.**

**Payment will be made at least a week in advance.**

**I give permission for my details to be shared with The Tarka Learning Partnership  
& Devon County Council.**

**Childs Name.....**

**Parent/Carers Name.....**

**Signed.....Date.....**