



Parental Agreement
Eden Park Academy



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

Day	9-12	12-3
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Eden Park Nursery admits 2 year olds for 15-30 hours a week or with payment, and 3/4 year olds for 15 -30 hours a week with funding or payment.

Your child has been offered nursery place provision at the Eden Park Academy.

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;

For 2 Year olds - £6.50 per hour (£19.50 per 3 hour session) if my child is not funded

For 3 to 4 Year olds - £5.50 per hour (£16.50 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 will result in the withdrawal of a place. Payments can be made through the MCAS online payment system or at the School Office.

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

Hours can be amended at the start of each half term by prior agreement.

Two Year Old Funded Places

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

30 hour code.....

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 Eden Park Academy

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 receivehours per week over.....days with:
Name of Provider.....
Address.....
Telephone no.....

My child will receivehours 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 £5.50 or £6.50 per hour (age dependant) for each non funded session. Late collections will be charged pro rata.

**Payment will be made at least a week in advance. I agree to give 4 weeks notice.
I give permission for my details to be shared with The Harbour Schools Partnership & Devon County Council.**

Childs Name.....

Parent/Carers Name.....

Signed.....Date.....