



**SESSION AND ADDITIONAL SERVICES AGREEMENT 2018/19**  
TO BE COMPLETED HALF TERM IN ADVANCE

**NAME OF CHILD:** .....

**DATE OF BIRTH:** .....

**HMRC 30 HOUR ELIGIBILITY CODE:** .....

Parents applying for the 30 hours funding for the Summer Term 2019 must do so via the Child Care Choices website <https://www.childcarechoices.gov.uk/> no later than **31 March 2019**. This form must be returned to GJS before **30 March 2019** for checking. By providing the eligibility code to GJS via this form, parents and guardians are giving permission for GJS staff to enter the code on the NYCC Synergy system.

**NASS NUMBER (National Asylum Support Service):**.....

<b>Disability Living Allowance (DLA) and Disability Access Funding (DAF)</b>				
3&4 year old children who are in receipt of DLA and are receiving the funding entitlement are eligible for the DAF. The DAF is a fixed annual rate of £615 per eligible child and paid to the child's nominated early years provider.				
Is your child eligible and in receipt of DLA?	YES		NO	
If your child is splitting their funded entitlement at more than one provider, please nominate the main early years provider that you wish to claim for the DAF.			Name of nominated Provider	

<b>Attendance – Summer 2019 Term (1)</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Full Day</b>					
08.00–6.00 inc Lunch+Tea					
<b>Half Day</b>					
08.00-1.00 inc Lunch					
1.00-6.00 inc Tea					
<b>Additional Services</b>					
Lunch for PM					
Breakfast 7.30-8.00					
Swimming					

Please note: Breakfast can be booked in advance or on a flexible basis, providing school are notified the day prior to the need. This will be charged termly in arrears.

Daily Curriculum enhancements are included in the session fees. Swimming has limited places and so please indicate which day you would prefer.

Enhancements will include but are not limited to; swimming, ballet, French, Forest Schools, computing

I confirm my child attends Giggleswick Junior School Pre-school for the above sessions.

Name of child:..... Staff signature:.....

Signed:..... Date:.....

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**For office use only**

<b>CONFIRMATION OF FUNDING FOR SESSIONS TAKEN EACH WEEK</b>	<b><i>No of hours</i></b>	<b><i>Total</i></b>
Number of <b>Universal hours (UF)</b> (up to 15 hours/week) attended at GJS EY		
Number of <b>Extended Entitlement (EE)</b> hours (up to an additional 15 hours/week) attended at GJS EY		
<b>Payable sessions</b> attended per week		
<b>Additional Services</b>		
Lunches		
Additional Hours		
Breakfast Club		