

**Provider Name:**

**Termly Pattern of Attendance Form**

**Step 1: Your Child’s Details - Parent/Carer to Complete**

|  |  |
| --- | --- |
| **\*Child’s Surname(s):** |  |
| **\*Child Forename(s):** |  |
| **\*Name by which the child is known (if different from above):** |  |
| **\*Date of Birth:**  |  |

\* Mandatory field

**Step 2: Termly Pattern of Attendance**

You will need to agree and complete a termly pattern of attendance form at each setting your child attends for their funded entitlement in order to ensure that funding is paid correctly to them. Your provider should help you to complete this section.

Your child can attend a maximum of two settings in a single day. If your child attends more than one setting Sheffield City Council will distribute the funding appropriately between the settings.

This form must be reviewed prior to the start of each term/funding period (see Termly Review Table)

**The Period of the Agreement:** between ……………….……and.………………………………. (……Terms)

| **Claim Type:** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Total no. of hours per week** | **No. of weeks per year (e.g. 38/45/51)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Under 2 YO WPE - Hours Per Day** |  |  |  |  |  |  |  |
| **2 YO Receiving Additional Support - Hours Per Day** |  |  |  |  |  |  |  |
| **2 YO WPE - Hours Per Day** |  |  |  |  |  |  |  |
| **3&4 YO Universal FEL -** **Hours Per Day** |  |  |  |  |  |  |  |
| **3&4 YO WPE -** **Hours Per Day** |  |  |  |  |  |  |  |
| **Total (Paid for) Hours Per Day** |  |  |  |  |  |  |  |
| **Total Hours Attending Per Day** |  |  |  |  |  |  |  |

If your child is splitting their funded entitlement across more than one setting, please nominate their main setting and fill in the below table

**Total Funded Entitlement Hours Attending Each Day**

| **Setting Name** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Total no. of hours per week** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

The maximum number of funded hours your child can receive is:

1) for children aged from 9 months to 2 years of eligible working parents: Up to 1140 hours per year (e.g. 30 hours a week for 38 weeks of the year).

2) for 2 year olds of families receiving additional forms of support: Up to 570 hours per year (e.g. 15 hours a week for 38 weeks of the year)

3) for all 3 and 4 year olds: Up to 570 hours per year (e.g. 15 hours a week for 38 weeks of the year).

4) for 3 and 4 year olds of eligible working parents: Up to 570 hours per year (e.g. 15 hours a week for 38 weeks of the year).

Note: children can be entitled to different sources of funding at the same time but only entitled to claim a maximum of 1140 hours per year (e.g. up to 30 hours a week for 38 weeks of the year).

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare provider** |
| Signed:  | Signed:  |
| Print name: | Print name: |
| Date:  | Date:  |

| **TERMLY REVIEW** |
| --- |
| **Please review and confirm the attendance pattern prior to each term. If unchanged, confirm using the section below. If there are changes, please update the relevant sections.** | **Parent/Carer/Guardian with legal responsibility**  | **Childcare provider** |
| [ ]  I confirm that the attendance pattern remains unchanged for ………………………………….. term. | Signed: | Signed: |
| Date:  | Date: |
| [ ]  I confirm that the attendance pattern remains unchanged for ………………………………….. term. | Signed: | Signed: |
| Date: | Date: |
| [ ]  I confirm that the attendance pattern remains unchanged for ………………………………….. term. | Signed: | Signed: |
| Date: | Date: |