

PLEASE READ CAREFULLY

The Early Childhood Care & Education (ECCE) programme provides a free pre-school year for children in the year before they start primary school. Details of the programme are provided in the letter for parents which you should receive from your service provider with this form. Please read that letter before completing this form. NB: You may NOT claim support under the ECCE programme in respect of a child who has already availed of it, unless you have obtained an exemption in writing from the Department of Children & Youth Affairs (DCYA). If you have received such an exemption, please inform your service provider.

If you are enrolling your child in the ECCE programme for the pre-school year 2014/ 2015 you should complete this form and return it to the service provider. The service provider will use this form to register your child onto the ECCE programme. When your child has been registered, the service provider will print off an ECCE Parent Declaration Form, which will show all details relating to your child which you have included in this form, with the exception of your child's Personal Public Service Number (PPSN). Your child's PPSN will be entered onto the registration system to verify that the child is eligible for the ECCE programme. However, for data protection purposes, the PPSN will then be converted to a unique identifying number (UIN), and this is the number that will be shown on the printed form.

Please note that an ECCE capitation fee cannot be claimed in respect of a child who – during the same period – is also being funded under the Community Childcare Subvention (CCS) or Training and Employment Childcare (TEC) programmes, or under any Dept. of Education & Skills schemes.

Information to be provided by the Parent / Guardian

Parent/Guardian Name: _____ Name of pre-school service: _____

I am the parent or legal guardian of the following child who attend this pre-school, and in whose name I am claiming under the ECCE programme.

| Child's Full Name | Child's PPSN | Date of Birth (dd/mm/yyyy) | Gender (M/F) | No of Days per Week |
|-------------------|--------------|-------------------------------|-----------------|------------------------|
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I understand that the information provided in this form will be used by the Department of Children & Youth Affairs, or Pobal acting as Agent for the Department, in conjunction with the Department of Social Protection and the Department of Education & Skills, to verify that my child is eligible for the ECCE programme at this time, to calculate the capitation fees due to this pre-school service, and for statistical purposes.

Your Signature _____ Date: _____ Contact telephone: _____

WHEN THE CHILD WHOSE DETAILS ARE CONTAINED IN THIS FORM HAS BEEN REGISTERED ONTO THE PIP ECCE CHILD REGISTRATION SYSTEM, THIS FORM MUST BE DESTROYED.

A PIP ECCE PARENT DECLARATION FORM MUST THEN BE PRINTED AND SIGNED BY BOTH THE PARENT/GUARDIAN AND THE SERVICE PROVIDER, AND RETAINED BY THE SERVICE PROVIDER FOR INSPECTION PURPOSES.