

# FREE ECE ATTESTATION FORM



## THIS FORM MUST BE COMPLETED FOR EVERY CHILD ENROLLED TO RECEIVE FREE ECE AT THIS SERVICE

Please read the information below before you answer any questions and sign this form.

Free ECE is available to three and four year old children who are enrolled and attending a licensed teacher-led\* early childhood education service. The maximum Free ECE that can be claimed for each child is 6 hours per day, 20 hours per week across all services that the child is enrolled in. Services may not charge fees during hours of Free ECE, although some services may request optional charges or donations. Your service can provide more information regarding fees, optional charges and donations.

\*Teacher-led early childhood education describes services required to have a person responsible (or home-based care coordinator) who is a registered, ECE qualified teacher. Teacher-led services are required to meet teacher registration targets set by the Ministry of Education. Teacher-led services include kindergartens, education and care services and home-based care networks.

In order for your child to receive up to 20 hours of Free early childhood education, this Attestation Form must be filled out by all persons enrolling children.

Please confirm that you understand the following: (please tick boxes)

- You must complete a separate form for each child.
- Failure to complete this form will mean that this child is not eligible for funding for Free ECE.
- The purpose of completing this form is to confirm this child's eligibility to receive Free ECE.
- If you make a false statement, or provide any false or misleading information, you may be committing an offence and be liable to prosecution.
- You authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extent necessary to make decisions about your child's eligibility for Free ECE. You also consent to the early childhood service providing relevant information to the Ministry of Education, and to other ECE services your child is enrolled at, about the information contained in this form.

Please provide the following information:

1. Name of child: \_\_\_\_\_ Date of birth: / / \_\_\_\_\_

2. Is the child receiving Free ECE at any other service(s)? \_\_\_\_\_ Yes / No (Please circle)

3. Please confirm the daily and total time (hours and minutes) of Free ECE claimed at all services the child is enrolled at on the chart below and initial to confirm.

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

Note: maximum of 6 hours per day and 20 hours per week per child.

Revised Allocation of Free ECE Hours:

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

  

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

  

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

I confirm that:

- The child named above does not receive more than 20 hours Free ECE per week across all services.
- I will immediately notify all services where the child receives Free ECE of any changes to the information provided above.
- I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Signed: \_\_\_\_\_ Date: / / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_