HEADCOUNT FORM
SUMMER 2008
3 AND 4 YEAR OLD FUNDING

NAME OF PROVIDER:

Total number of Children covered by this claim

Total number of Sessions taken for the Period

Please list all eligible children born on and between 1 April 2003 – 31 March 2005

SURNAME	FIRST NAMES	DATE OF BIRTH	TOTAL NUMBER OF ACTUAL SESSIONS/ HOURS CLAIMED

PROVIDER'S DECLARATION

I CERTIFY THAT:

- I have checked, agreed and enclose a parent declaration form for each named child.
- The setting meets the requirements of the Funding as set out in the DCSF "A Code of Practice on the Provision of Free Nursery Education Places for Three and Four Year Olds" and the Borough of Poole's "Funding, Policies and Administration 2008-2009" booklet".
- No other details have changed since the last claim.

Signed : **Date : / /**

Return to: The Funding Administrator, Localities and Childcare Children & Young People's Integrated Services, Dolphin Centre, Poole, BH15 1SA (**By 25 April 2008**)

SURNAME	FIRST NAMES	DATE OF BIRTH	TOTAL NUMBER OF ACTUAL SESSIONS/ HOURS CLAIMED