Free Childcare for 2 year olds

Revised: Mayl 2015

Q. Where did you hear about 2 Year Old Free Childcare?

Admin Ref No:

Application Form

Please complete the details below to find out if your 2 year old child is eligible. Please complete this form in capital letters and only use full legal names (including middle names).

* Denotes mandatory info that must be provided in order to process the application.

SECTION 1 – PARENT / MAIN CARER'S DETAILS AND INCOME STATUS
(Person in receipt of benefits or working tax credits)

Title: ..... Relationship to child: .....

First Name(s): * ..... Last Name: * .....

Address*:.....
.....
..... Post Code: * .....

Contact Telephone Number: * .....

Date of Birth: * ..... National Insurance No: * .....
(or National Asylum Support Service (NASS reference number))

Are you currently working? **Yes** **No**
If yes see box (f) below and tick if it applies.

As Parents/Carers, are you on any of the following benefits/entitlements?

Please √ all that apply

a. Income Support		b. Income-based Jobseeker's Allowance	
c. Income-related Employment and Support Allowance		d. Support under Part 6 of the Immigration and Asylum Act 1999	
e. Guarantee Element of State Pension Credit		f. Child Tax Credit and/or Working tax credit and have an annual income not exceeding £16,190 as assessed by Her Majesty's Revenue and Customs.	

And/or does your two year old match any of the following criteria?

Please √ all that apply

Child is Adopted. Name of Social Worker:		Child is a Looked After Child (LAC) e.g. in Foster Care. Name of Social Worker:	
Child has left care through a special guardianship or residence order. Name of Social Worker:		Child has a statement of special educational needs (SEN) or an education, health and care plan.	
Child gets Disability Living Allowance (DLA) in their own right.			

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2 Year Old Child's details:

First Name: * ..... Middle Name: .....

Last Name: *..... Date of Birth: *..... Male ☐ Female ☐

If your 2 year old has any additional needs or disabilities please give details here*

.....

.....

If you have older children, which school(s) do they attend?:

.....

Are you registered with a Sure Start Children's Centre? YES ☐ NO ☐

Are there any professionals involved with your family at the moment?

Health Visitor:	☐	*Please give name if known:* _____
Portage Worker:	☐	*Please give name if known:* _____
Social Worker:	☐	*Please give name if known:* _____
Children's Centre Worker:	☐	*Please give name if known:* _____
Family Support Worker	☐	*Please give name if known:* _____
Other: *(please state)*	☐	*Please give name if known:* _____

Please state if there is a particular childcare provider that you would like to use, subject to a place being available:

Name of setting or childminder: _____

Transport: If no childcare is available in walking distance, are you able to transport your child to the childcare? YES ☐ NO ☐

Declaration:

I certify that the information given on this form is complete and accurate, to the best of my knowledge and belief. I understand that the council will use this information to confirm receipt of one of the listed welfare benefits or entitlements by checking benefit data provided by HMRC and DWP. I also agree to the local authority using this information to enable my child's School / Nursery / Playgroup / Childminder to claim the early years pupil premium for my child when they later commence their 3 & 4 year old funded early education place.

I understand that the personal information I have provided is held securely and may be used and shared for local authority purposes e.g. with Sure Start, that could offer further support to my family, and also with potential childcare providers.

Signature of parent/guardian: ..... Date: .....

If you are a professional completing this application on behalf of a parent, please provide your details below: *(Please PRINT)*

Name: ..... Organisation: .....

Contact tel no: ..... Contact email: .....

FIS STAFF ONLY: (Ensure declaration read over phone)	**Verbal consent given?**	**YES**		**NO**
Date:	**Completed by (FIS Staff member):**			

Return form to: **FIS, Redcar Children's Centre, Keilder Close, Redcar, TS10 4HS**

OR **drop it in to your local Sure Start Children's Centre reception**

OR **email it to: fis@redcar-cleveland.gov.uk**

Sunflower Nursery Registration

Normanby Primary School

Surname:	Forename:	Middle name/s:	Gender: M F
DOB: Birth cert seen: Y N	**Sunflower Nursery entry date:**	**FS1 entry date:** September 16 17 18 19 20 21 22	

Address: **Postcode:** **Home Tel No:** **Mobile:** Mobile belongs to?	**Email:**	
	Ethnicity:	**Home language:**
	First language:	**Religion:**
	Preference: AM PM NO PREFERENCE	
	Playgroup/Nursery: (previous/current)	
Medical Practice:	**Medical condition/s:**	
Health Visitor:	**Agree for us to talk with other agencies?** Yes No	**Mode of travel:**
Doctor's name:		

Parent/carer(1): **Surname:** **Forename:** **DOB:** **Tel No:**	**Parent/carer(2): Resident / Non resident** **Surname:** **Forename:** **DOB:** **Tel No:**
Siblings/School/DOB:	**Catchment Area?** Yes No If no, Catchment school:
Registered by:	**Date registered:**
Signed: (parent/carer)	**Date signed:**

Have you completed a Nursery (FS1) Application Form? Y / N

Notes: (phone calls / general info)