

FREE CHILDCARE FOR 2 YEAR OLDS

Experience new activities

Learn through play

Make new friends

Have fun!

UP TO
15 HOURS
A WEEK

Optional additional charges may apply for meals, snacks and other consumables.

t: 0800 0730230

t: 01709 822429



Rotherham
Families
information service

www.rotherham.gov.uk/fis

www.tinytalkers.co.uk

Rotherham
Metropolitan
Borough Council 

IS MY CHILD ENTITLED TO A FREE PLACE?

Your child may be entitled to a free place if:

- You are in receipt of an income related benefit such as Income Support or Job Seekers Allowance
- You are on a low income and in receipt of Universal Credits or Working Tax Credits
- Your child has a special need or disability
- Your child is adopted
- Your child has left care through a special guardianship or child arrangement order
- Looked after children
- You are an Asylum Seeker
- You have no recourse to public funds (income and savings limits apply)

To check if you are eligible go to www.rotherham.gov.uk/fis or contact us on **0800 073 0230** or **01709 822429**

WHEN IS MY CHILD ENTITLED TO A FREE PLACE?

If your child's 2nd birthday falls between:	He/she will become entitled to a free place from:
1 January to 31 March	the start of the summer term (after Easter)
1 April to 31 August	the start of the autumn term (early September)
1 September to 31 December	the start of the spring term (early January)

THERE ARE THREE WAYS TO APPLY

1. Contact the Families Information Service on **01709 822429** or freephone **0800 0730230**, for more information and to check your eligibility OR
2. Apply online at www.rotherham.gov.uk/fis OR
3. Complete the simple form on the next page

APPLICATION FORM

Please complete (in block CAPITALS) the details below to find out if your child is eligible. Please only use full legal names when completing this form, including middle names.

APPLICANT'S DETAILS

Title:	Relationship to Child:	
First Name(s):		
Last Name:*		
Address:		
Post Code:	Email Address:	
Home Telephone:**	Mobile:**	
Date of Birth:*	National Insurance No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	or NASS reference*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

HUSBAND/WIFE/PARTNER'S DETAILS

Title:	Relationship to Child:	
First Name(s):		
Last Name:*		
Date of Birth:*	National Insurance No.*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	or NASS reference*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHILD'S DETAILS

First Name(s):	
Last Name:*	
Date of Birth:	Gender:

*It is essential that these fields are completed clearly and correctly.

** Please provide a contact telephone number in order for us to process your application promptly.

CHILDCARE DETAILS

Do you know which childcare provider you would like to use? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please tell us the name of the childcare
If No , we will send you details of local childcare who can provide the free place.

Is your child in receipt of Disability Living Allowance? Yes No

Does your child have a current Education, Health and Care Plan? Yes No

Is this child currently in local authority care or has left care through a Special Guardianship, Residency Order or Adoption? Yes No

Do you have parental responsibility for this child? Yes No

Do you have 'no recourse to public funds'? Yes No

DECLARATION

I certify that the information given in this application is correct to the best of my knowledge and belief and that correspondence containing my name, address and child's name will be sent to the email address included on this application form. I understand that the council may check with the Department for Work and Pensions (DWP) and/ or Her Majesty's Revenue and Customs regarding my eligibility. We may need to use this information for enquiries under current Data Protection legislation. The information provided will also be used to target other early intervention support. Under the new General Data Protection Regulations individuals have a series of information rights. For details of these rights please see the RMBC Privacy Notice at www.rotherham.gov.uk

I agree that the childcare provider named on this form can be informed of my eligibility check outcome.

Signature: Date:
(Applicant)

REF: 87077/MAY 2024

**Return completed form to: Early Years and Childcare Service,
Wing C , 2nd Floor, Riverside House, Main Street, Rotherham, S60 1AE**

If you or someone you know needs help to understand or read this document, please contact us:

Telephone: 0800 0730230

Email: www.rotherham.gov.uk/fis

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

نه گهر تو یان که سنجک که تو دهنیاسی پیویستی بهیارمہتی ھبیت بق نہوہی لہم بہنگہنامہ یہ تیہگات یان بیخوینتہوہ، تکایہ یہیوہندیمان پیوہ بکہ لہسہر نہو ژماردیہی سہرہوہدا یان بہو نیمہیلہ.

اذا كنت انت أوای شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

اگر جناب عالی یا شخص دیگری کہ شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.