

Name of Applicant: Address:	Claim ref:
--	-------------------

NOTE TO APPLICANT: Please ask the person or organisation providing the child care to complete this form. Please ensure both you and your childcare provider sign the declarations below.

Please tick the type of childcare that applies to you:

- | | |
|---|--|
| <input type="checkbox"/> Registered childminder caring for your child in your home or their home

<input type="checkbox"/> Out of hours club run by Local Authority

<input type="checkbox"/> Other (please describe type of care):

<input type="checkbox"/> Out of hours club at school | <input type="checkbox"/> Registered nursery care for your child on nursery premises

<input type="checkbox"/> Nursery or play scheme on government property

<input type="checkbox"/> Registered play scheme |
|---|--|

Please give us the name and the address of the Child Care Provider:

Phone number of premises:

Please fill in the following for each child that you pay childcare for. For more than one child please request additional forms		
Child's full name		
Number of days the child attends per week	Full days	Half Days
Number of weeks the child attends during the year		
Weekly Charge (term time) £ Number of weeks at this rate		
Weekly Charge (School Holidays) £ Number of weeks at this rate		
<i>Date started paying child care costs</i>		
<i>Are there any periods when you do not pay for childcare</i>		
Please give details of any future changes/ or recent changes		
Date of last increase/decrease and rates changed from		

If childcare fluctuates on a regular basis please provide a breakdown of the charges for the last 6 months.

CLAIMANTS DECLARATION: I have carefully checked the information on this form and declare it is true and complete to the best of my knowledge. I know I must notify the council in writing straight away of any changes that happen.

Claimants Signature Date.....

CHILDCARE PROVIDERS DECLARATION: I confirm the above information is true and complete

Name (Please Print).....

Registration number: Official Stamp (If Available)

Signature Date.....