

Please ask your childcare provider to complete part B & C of this form. A separate form should be completed for each child even if the childcare provider is the same.



Part A Your name and address

Title: Mr/Mrs/Miss/Ms	
First name(s)	Surname:
Address:	
Postcode:	Telephone No:
Child's name:	Date of Birth:

Part B Childcare provider details

Name:	
Address:	
Telephone Number:	
Ofsted registration number:	Date childcare started:

Please complete Part C below giving details of the weekly amount charged for the child in your care and hours attended. If these vary please give details of all that apply.

NB: If the child is over 2 or 3 years old and entitled to 'free sessions' please provide the charge the customer has to pay *after* these have been applied.

Part C Attendance and Charges

Weekly Charge	Hours Attended Per Week	Please tick the relevant box(es)		
		All Year	Term Time Only	School Hols Only

If you know when the childcare charges will end please provide the date below.

Childcare will end on ____/____/____

I certify that I care for the child named above and that the information about childcare charges is correct.

Signature:

Name (in capitals):

Position (e.g. Nursery Manager):

Date: