

CHILDCARE

<b>YOUR NAME:</b>	
<b>YOUR ADDRESS:</b>	

Do you or your partner pay for childcare ( for any child aged under 15 ) to a **registered** childminder, nursery, etc. or to an after school club?

**NO**

**YES**

If **YES**, please give the name and address of the **childcare provider**, together with any registration number, (if available).

Name:	Address:	Registration Number :

**ALSO** if **YES**, please give names and ages of child / children.

Name:	Date Of Birth :

What date did childcare payments start/change?                                        /        /

Please give the number of hours you & your partner work per week and the amount paid for this childcare.

	YOURSELF	YOUR PARTNER
<b>NUMBER OF HOURS WORKED :</b>		

**AMOUNT PAID FOR CHILDCARE Term Time**     £                                        per week

**AMOUNT PAID FOR CHILDCARE Holiday Time**     £                                        per week

**YOU MUST PROVIDE EVIDENCE FROM YOUR CHILDMINDER OF THESE COSTS IF YOUR CHILDMINDER HAS NOT SIGNED THIS FORM**

**Childminder's Declaration:** I declare that the above information is **true and complete**.

**Signed :** \_\_\_\_\_

**Dated :** \_\_\_\_\_

**Applicant's Declaration :** I declare that the information I have given is **true & complete**. I authorise the Council to make whatever enquiries necessary to verify this information. **I WILL IMMEDIATELY TELL THE COUNCIL OF ANY CHANGES**. I understand that I may be **prosecuted** if any information I have given is found to be untrue.

**Signed :** \_\_\_\_\_

**Dated :** \_\_\_\_\_