



For people who have child care charges

Please use this form to tell us about money that you pay to a child minder or nursery to look after any of your children who are aged 15 years or under (or 16 years where the child is disabled). After you have filled in the form please pass it to your child-minder or nursery manager to check the information you have given. They should then sign the form and give it back to you. **Please ensure all questions are answered.**

Q.1. About you

Name			
Address			
		Postcode:	
N.I Number			
Phone Number		Email:	

Declaration: I have completed questions 1–6 on this Housing Benefit and Council Tax Reduction form

Signature	Date
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Q.2. What type of child care is being provided? Tick the box that applies

Registered child-minder	<input type="checkbox"/>	Registered Nursery	<input type="checkbox"/>
Registered play scheme	<input type="checkbox"/>	Out of hours school club	<input type="checkbox"/>
Out of hours club run by Local Authority	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please give details

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Q.3 What is the address where the child care is provided?

Q.4 From what date did you start paying child care charges?

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Q.5. Do you make any different arrangements for the children named in question 8 during the main summer holidays?

YES

NO

If YES then please give details below.

Q.6. I authorise Glasgow City Council to contact my child care provider if necessary to provide further information

YES

NO

Child-minder or nursery manager's declaration

This page is for the child-minder or nursery manager to complete

Q.7 How often are the child care charges paid?

Weekly Monthly Other

If other please give details

Q.8 Please complete the below table confirming child care charges

		Enter first child's name ↓	Enter second child's name ↓	Enter third child's name ↓
	Enter date of charge below ↓			
Charge since		£	£	£
Previous charge		£	£	£

If you have not told us about any earlier charges, please provide dates of change and amounts.

Please confirm how many children child care charges are paid for

I certify that the information about child care charge given above is correct and complete to the best of my knowledge and belief.

Signature	
Date	
Full name	
Position	
Name of your establishment/business	
Daytime phone number	
Name of Local Authority that you are registered with	
Local Registration number	
Your establishment's stamp (if applicable)	