



# 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 childminder or nursery manager to check the information you have given. They should then sign the form and give it back to you.

## Q.1. About you

Surname

Other Names

Address

Postcode

Letters

Numbers

Letter

National Insurance (N.I.) No.

## Q.2. What type of child care is being provided?

Tick the box that applies

Registered childminder

Registered nursery

Registered play scheme

Out of hours club at school

Out of hours club run by Local Authority

Nursery or play scheme on Government property

Other

Please give details

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

  
  
  
  

## Q.4. How often are the child care charges paid?

Tick the box that applies

Weekly

Monthly

Other

Please give details

**Q.5. Please enter in the columns below details of the child care charges you have incurred in the last five weeks for each child for whom you have child care costs?**

	Entry date of payment below	Enter first child's name	Enter second child's name	Enter third child's name
Week 1		£	£	£
Week 2		£	£	£
Week 3		£	£	£
Week 4		£	£	£
Week 5		£	£	£

**Q.6. Do you make any different arrangements for the above named children during the main summer holidays?**

YES

NO

If YES then please give details below.


## Childminder or nursery manager's declaration

Please check the information given above and sign the declaration below:

**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

Daytime phone number

Name of Local Authority that you are registered with

Local Registration number

Thank you for your help.  
Please pass this form back to the person who gave it to you.