

CLAIM:
NAME:

*

CHILDCARE COSTS

| Please answer the following questions : | |
|--|--------------------------------|
| 1 How many hours do you work each week? | <input type="checkbox"/> hours |
| 2 How many hours does your partner work each week? | <input type="checkbox"/> hours |
| 3 Is your child/children cared for by: <ul style="list-style-type: none">• a registered child minder• a registered childcare provider e.g. nursery or after school club?• a foster parent (other than the child's own foster parent),• a domiciliary care worker• by someone other than a relative (this must be in your own home) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Child 1: | |
| Name of Child | |
| Name of Child minder | |
| If registered: The name of Local Authority | |
| The registration/certificate number | |
| If not registered: Their relationship to you or the child | |
| Weekly childcare costs : | £ |
| I am providing the following proof of costs: | |
| Letter from childcare provider | <input type="checkbox"/> |
| Receipt from childcare provider | <input type="checkbox"/> |
| A Tax Credit letter including child care costs | <input type="checkbox"/> |
| Letter from childcare provider | <input type="checkbox"/> |
| Other – please specify _____ | <input type="checkbox"/> |
| Child 2: | |
| Name of Child | |
| Name of Child minder | |
| If registered: The name of Local Authority | |
| The registration/certificate number | |
| If not registered: Their relationship to you or the child | |
| Weekly childcare costs : | £ |
| I am providing the following proof of costs: | |
| Letter from childcare provider | <input type="checkbox"/> |
| Receipt from childcare provider | <input type="checkbox"/> |
| A Tax Credit letter including child care costs | <input type="checkbox"/> |
| Letter from childcare provider | <input type="checkbox"/> |
| Other – please specify _____ | <input type="checkbox"/> |

| Child 3: | |
|--|---|
| Name of Child | |
| Name of Child minder | |
| If registered: The name of Local Authority The registration/certificate number | |
| | |
| If not registered: Their relationship to you or the child | |
| Weekly childcare costs : | £ |
| I am providing the following proof of costs: | |
| | Letter from childcare provider <input type="checkbox"/> |
| | Receipt from childcare provider <input type="checkbox"/> |
| | A Tax Credit letter including child care costs <input type="checkbox"/> |
| | Letter from childcare provider <input type="checkbox"/> |
| | Other – please specify _____ <input type="checkbox"/> |
| Child 4: | |
| Name of Child | |
| Name of Child minder | |
| If registered: The name of Local Authority The registration/certificate number | |
| | |
| If not registered: Their relationship to you or the child | |
| Weekly childcare costs : | £ |
| I am providing the following proof of costs: | |
| | Letter from childcare provider <input type="checkbox"/> |
| | Receipt from childcare provider <input type="checkbox"/> |
| | A Tax Credit letter including child care costs <input type="checkbox"/> |
| | Letter from childcare provider <input type="checkbox"/> |
| | Other – please specify _____ <input type="checkbox"/> |
| IF ANY OF THE INFORMATION YOU HAVE GIVEN US CHANGES YOU SHOULD LET US KNOW AT ONCE | |
| I declare that the information given on this form is true and complete as far as I know | |
| Your Signature | |
| Date | |
| PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED. REMEMBER TO PUT A STAMP ON THE ENVELOPE | |