



Housing and Council Tax Benefit

Fill in the top part of this form and give it to your Childcare Provider to fill in the remainder

Name Claim No.

Address

I agree for my childcare provider giving the details requested below.

Signature

To be filled in by Childcare Provider

Name of Child/Children

Please give details of the last 5 weeks/2 months childcare arrangements and charges.

Period Ending	Childs Name:		Childs Name:		Childs Name:	
	Number of hours	Charge	Number of hours	Charge	Number of hours	Charge

Is a Nursery Education Grant received for any child named above? No Yes

Business name

Business address

Registration Number Phone number

I confirm the information given is true and complete.

Name Signature

Position in firm

Company stamp