

# PROOF OF CHILD CARE COSTS



(To be completed by the child care provider)

Claim ref: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Child Care Provider's Name: \_\_\_\_\_

Business Address \_\_\_\_\_

Registration Number: \_\_\_\_\_ Telephone no. \_\_\_\_\_

Name of child	Date placed in your care	No. of hours usually in your care (per week)	Gross amount usually charged to parent/guardian	Amount of grant / value of vouchers
1) _____	____/____/____	_____	_____	_____
2) _____	____/____/____	_____	_____	_____
3) _____	____/____/____	_____	_____	_____

**School Holidays:** If any of the above children are in your care for school holidays only, or for extra hours during school holidays, please clarify:

**Payments:** Please list below the net amount (**excluding vouchers / grant**) actually charged to the parent / guardian during the most recent 14 weeks of childcare.

Week Ending	Amount Charged	Week Ending	Amount Charged

**Other Information:** If the number of hours of any of the above children are with you alter on a regular basis (other than during school holidays) please explain this:

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

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed form by post to;**  
Benefits Section, Strategic Resources,  
Town Hall, Bridge Street, PE1 1BF

**Or by hand to;**  
Customer Service Centre, Bayard Place  
Broadway (opposite Central Library)