

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 |
|-------------|----------------|-------------|----------------|
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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 email: take a clear scan or photo and email it to benefits@peterborough.gov.uk
by post: Benefits Section, Corporate Services, Town Hall, Bridge Street, PE1 1BF