

**Housing Benefit and Council Tax Support Schemes: Child Care Costs**

This form must be completed by your Childcare Provider. Please note that your registration details may be checked against records held by OFSTED.

Name of child / children for whom payments are made:

Child 1 ..... Child 2 .....  
Child 3 ..... Child 4 .....

Name and address (including post code) of registered childminder/childcare facility:

.....

Registration number:.....

Date childcare commenced:.....

Weekly fees payable:

(If the child is between 3 and 5 and receives free sessions please deduct this amount from the fee.)

Child 1 £.....from what date ..... Child 2 £.....from what date.....  
Child 3 £.....from what date ..... Child 4 £..... from what date .....

How often is childcare provided? **Every week all day / after school only / term time only / school holidays only. (circle as appropriate). If your childcare is any other frequency please provide proof from your childcare provider stating the days / hours etc**

I confirm that I run (or work for) a registered establishment for childcare and that the children named above do attend on a regular basis.

Signed: .....  
Print Name: .....  
Contact (telephone): .....  
Contact (email): .....

Official stamp (if available):