Childcare Payment Form



You must complete Part 1 of this form.

The childcare provider must complete Part 2 of this form.

You and the childcare provider must both sign the declaration in Part 3 of this form.

You can then send this to us by scanning or photographing the form and submitting it online at <u>www.testvalley.gov.uk/submitinfo</u>. If you have any difficulty in submitting this form online, please telephone us on 01264 368000.

PART 1: You must complete this part of the form		
Claim reference:		
Your full name:		
Your address:		
Post code:		
Telephone number:		
Email address:		
Name of children for whom payments are made:		
Child 1	Child 3	
Child 2	Child 4	
PART 2: The childcare provider must complete this part of the form		
Name:		
Address:		
Post code:		
Telephone number:		
Email address:		
Ofsted registration number:		

Continued overleaf

	PART 2 continued: The childcare provider must complete this part of the form			
Date childcare commenced:				
Weekly fe	ees payable (if the child has free sess	sions, please deduct this amount from the fee):		
Child 1	£	from (date)		
Child 2	£	from (date)		
Child 3	£	from (date)		
Child 4	£	from (date)		
How often is childcare provided? (Please circle as appropriate.)				
Ev	ery week all day	Term time only		
Aft	ter school only	School holidays only		
If the childcare is provided for any other frequency, please attach confirmation of the days and hours.				
PART 3: You and the childcare provider must both sign the declaration				
Your declaration I confirm the information declared on this form is correct to the best of my knowledge. If you have any queries regarding my childcare, I give permission for Test Valley Borough Council to contact my childcare provider: (Please tick as appropriate)				
If you have for Test V	ve any queries regarding my childcard alley Borough Council to contact my	e, I give permission YES NO		
If you have for Test V	ve any queries regarding my childcard alley Borough Council to contact my ick as appropriate)	e, I give permission YES NO		
If you have for Test V	ve any queries regarding my childcard alley Borough Council to contact my	e, I give permission YES NO		
If you have for Test V (Please to Claimant Date: Childcare I confirm	ve any queries regarding my childcard/alley Borough Council to contact my ick as appropriate) signature:	e, I give permission YES NO		
If you have for Test V (Please to Claimant Date: Childcard I confirm named at	ve any queries regarding my childcard/alley Borough Council to contact my ick as appropriate) signature: e Provider declaration that I run or work for a registered espoye do attend on a regular basis.	e, I give permission YES NO childcare provider:		
If you have for Test V (Please to Claimant Date: Childcard I confirm named at	ve any queries regarding my childcare (alley Borough Council to contact my ick as appropriate) signature: e Provider declaration that I run or work for a registered espoye do attend on a regular basis. e provider signature:	e, I give permission YES NO childcare provider:		
If you have for Test V (Please to Claimant Date: Childcare I confirm named at Childcare	ve any queries regarding my childcare (alley Borough Council to contact my ick as appropriate) signature: e Provider declaration that I run or work for a registered espoye do attend on a regular basis. e provider signature:	e, I give permission YES NO childcare provider:		