

Childminding / Nursery School Fees

IBS Ref:

Section 1- To be completed by the Claimant:

Name:.....Address:.....

Section 2- To be completed by the Childcare provider:

I would appreciate your co-operation in completing the following details, which may be of assistance to the above applicant.

Name/ Nursery:.....Address:.....

Contact name and telephone Number:.....

Please say which local authority you are registered with and provide your reference number:

Local authority:.....Reference number:.....

Please say whom the childcare is provided for (list all children)

Name: 1)2)3).....

Please confirm the childcare arrangements for each child listed.

Date they first attended...Child 1.....Child 2.....Child 3.....

Number of days each week they attend ...Child 1.....Child 2.....Child 3.....

Number of hours each day they attend ...Child 1.....Child 2.....Child 3.....

Normal weekly charge for each child Child 1.....Child 2.....Child 3.....

Number of weeks each year they attend . Child 1.....Child 2.....Child 3.....
Is it only in school holidays etc.

Do they receive Government funding? Child 1..... Child 2 Child 3

Please complete the table below based upon Fees paid in the last 5 weeks, please advise if there is any reason to expect a change in these fees in the near future.

| | | Date | Fees Due | Government Funding Received | Fees Paid by Parent/Guardian |
|---|-------------|--------------|----------|-----------------------------|------------------------------|
| 1 | Week Ending | | | | |
| 2 | Week Ending | | | | |
| 3 | Week Ending | | | | |
| 4 | Week Ending | | | | |
| 5 | Week Ending | | | | |
| | | Total | | | |

Declaration- I confirm that the information given is true and complete

Signed:.....Date:.....