



Anglia Revenues & Benefits Partnership



Forest Heath
District Council

Breckland Council, Breckland House
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Forest Heath Council
College Heath Road, Mildenhall
Bury St. Edmunds IP28 7UZ
Tel: 0800 163030 Fax: 01842) 756513

CERTIFICATE OF CHILD CARE COSTS

Part A of the form should be completed by the applicant and then given to the registered child minder to complete part B of the form. There should be a separate form for each child.

PART A

NAME OF APPLICANT:

ADDRESS:

POST CODE:

TEL NO:

NAME OF CHILD:

PART B

NAME OF CHILD MINDER:

ADDRESS:

POST CODE:

REGISTRATION NUMBER:

DATE CHILD MINDING COMMENCED: FINISHED: *

DATE COMMENCING:

week1/ month 1	week 2/ month 2	week 3/ month 3	week 4	week 5	week 6

DOES YOUR CHILD/REN RECEIVE EDUCATION VOUCHERS? (please tick) YES NO

*if term time only please give term dates for academic year.

Declaration: I declare that the information on this form is correct and complete. I agree that the Council may make any necessary enquiries to check the information.

SIGNATURE OF CHILD MINDER

..... DATE