

# orp | theangliarevenuespartnership

**Breckland House St Nicholas Street**

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## CERTIFICATE OF CHILD CARE COSTS

Part A should be completed by the applicant and part B should be completed by the register child minder. A separate form is required for each child.

**A** NAME OF APPLICANT:

ADDRESS:

POST CODE:

TEL NO :

**B** NAME OF CHILD:

NAME OF CHILD MINDER:

ADDRESS:

POST CODE:

REGISTRATION NUMBER:

\*Does the child receive education vouchers? YES ☐ NO ☐

**Please provide details of costs in the table below (excluding child care vouchers)**

week 1/ month 1	week 2/ month 2	week 3/ month 3	week 4/ month 4	week 5/ month 5	week 6/ month 6
Date_____	Date_____	Date_____	Date_____	Date_____	Date_____
£	£	£	£	£	£

\*Are child care costs paid: term time only ☐ school holidays only ☐ all year ☐

\*If child care costs are more during school holidays please state usual amounts:

term time £\_\_\_\_\_ per wk/month school holidays £\_\_\_\_\_ per wk/month

DATE CHILD MINDING COMMENCED:.....FINISHED:.....

**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 .....

CHILD MINDER'S TELEPHONE NUMBER  .....