

Certificate of Child Care Costs

Please return this form to Revenues, Winchester City Council, Colebrook Street, Winchester, SO23 9LJ

Section 1 – to be completed by the claimant

Reference number:

Name:

Address:

Signature

Section 2 – to be completed by childcare provider - please complete 1 form for each child

Name of Child Care Provider: Ofsted Registration number.....

Address

Name of childDate child care started.....

Date current charge started.....

Please confirm if any deductions are made from child care costs for Government funding or Discounts – please give details:.....

Term Time Costs

Days Attended please tick.	Hours per day	Hourly rate	Total charge per Day
Mon			
Tues			
Weds			
Thurs			
Fri			
Total	Weekly	Charge	£

Holiday Costs

Days Attended please tick	Hours per day	Hourly rate	Total charge per day
Mon			
Tues			
Weds			
Thurs			
Fri			
Total	Weekly	Charge	£

I confirm that the information given is true and complete. I understand that giving incorrect information or withholding information may mean that you could prosecute me

Signature: Position:

Print Name: Date: