



CHILDCARE PROFORMA

This form is to be used where a customer has childcare costs and must be completed by the childminder

IT IS IMPORTANT THAT ALL QUESTIONS ARE ANSWERED

1. CUSTOMER DETAILS

Name Address

2. CHILDMINDER DETAILS

Name Address Registration number
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3. CHILD DETAILS

Name of child	Number of hours per week	Cost per hour	Total cost

DECLARATION

I declare that the answers given on this form are accurate and true.
I understand that the Council may wish to check the answers that I have given by making any enquiries it considers necessary.
I understand that it is an offence to supply false information.

SIGNATURE.....

JOB TITLE.....DATE.....

Local Authority Stamp
