This document can be made available in large print, Braille, tape format or in other languages upon request

WEST SOMERSET COUNCIL
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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			
3. CHILD DETAILS			
Name of child	Number of hours per week	Cost per hour	Total cost
DE0/ 4D4T/04/			
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 TITLEDATELocal Authority Stamp			