

Section 9: Childcare Support Costs 2019/2020

 20+

 ALL

*To be completed with Childcare Setting
Child 1/Setting1*

Student Name	<input type="text"/>	Student ID	<input type="text"/>
Child Name	<input type="text"/>	Child DOB	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>

Childcare Provider to complete this section

Day	Start time	Finish time	Hour Rate	Session Rate	Day Rate
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Start date for funding :

Total for week : £

Please tick which Retainer Weeks are to be paid

<input type="checkbox"/> Autumn half term	<input type="checkbox"/> May half term	<input type="checkbox"/> Easter Break
<input type="checkbox"/> February half term	<input type="checkbox"/> Christmas Break	<input type="checkbox"/> Bank Holidays

Please provide information regarding rates/charges

Full day rate £ Hourly rate £ AM Session rate £ PM Session rate £

Childcare Provider Payment Details

Name of Childcare Provider	<input style="width: 90%;" type="text"/>
Address of Childcare Provider	Contact Name <input style="width: 80%;" type="text"/>
<input style="width: 95%;" type="text"/>	Contact Number <input style="width: 80%;" type="text"/>
Ofsted Registration Number <input style="width: 70%;" type="text"/>	Contact Email <input style="width: 80%;" type="text"/>
Name of Account Holder	<input style="width: 95%;" type="text"/>
Bank/Building Society	<input style="width: 95%;" type="text"/>
Sort Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Account Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Building Society Roll/Ref Number	<input style="width: 95%;" type="text"/>

I confirm the information supplied is accurate and up to date, and any changes to this will be notified in writing.

Signature of Provider	Date
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If you are a childminder, you must enclose a copy of your childminding registration certificate and Public Liability Insurance; without this we can not assess the application.

Section 9: Childcare Support Costs 2019/2020

 20+

 ALL

*To be completed with Childcare Setting
Child 2/Setting1*

Student Name	<input type="text"/>	Student ID	<input type="text"/>
Child Name	<input type="text"/>	Child DOB	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>

Childcare Provider to complete this section

Day	Start time	Finish time	Hour Rate	Session Rate	Day Rate
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Start date for funding :	Total for week : £
Please tick which Retainer Weeks are to be paid	
<input type="checkbox"/> Autumn half term	<input type="checkbox"/> May half term
<input type="checkbox"/> February half term	<input type="checkbox"/> Christmas Break
	<input type="checkbox"/> Easter Break
	<input type="checkbox"/> Bank Holidays

Please provide information regarding rates/charges

Full day rate £ Hourly rate £ AM Session rate £ PM Session rate £

Childcare Provider Payment Details

Name of Childcare Provider	<input style="width: 90%;" type="text"/>
Address of Childcare Provider	Contact Name <input style="width: 80%;" type="text"/>
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Name of Account Holder	<input style="width: 95%;" type="text"/>
Bank/Building Society	<input style="width: 95%;" type="text"/>
Sort Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Account Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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