

Private & Confidential
CONFIRMATION OF CHILDCARE PAYMENTS



TO BE COMPLETED BY THE CUSTOMER

Claim Reference:
Name:
Address:

This form should now be handed to your childcare provider who should complete the details below and then hand the form back to you for return to:

The Benefits Section
 South Ribble Borough Council
 Civic Centre
 West Paddock
 Leyland PR25 1DH

TO THE NURSERY MANAGER / CHILDMINDER

Will you please assist by supplying the information requested below:

Child's name	No of hours attends each week	Weekly amount charged	Payable from (date)	Weekly amount paid	Amount of vouchers included in weekly payment ** (if child aged 3 to 5)

** If vouchers are included please confirm the dates that the vouchers cover in the box below:

Are payments due to change/end in the near future? If so, please give dates and amounts in the box below:

Do you provide Child Care during all school holidays? <i>Please circle</i> Yes No	If NO please provide dates when Child Care is not available:
--	--

AUTHORISATION

NURSERY / CHILDMINDERS NAME & ADDRESS:	Nursery Stamp:
Postcode:	
Ofsted Number:	
I confirm the above information to be true and complete.	Date:
Authorised signature:	Phone No:
Name:	
Official Position:	