Claimants name……………………………………………………………………………..

Claimants address…………………………………………………………………………..

Claim number ………………………..

|  |  |
| --- | --- |
| Name of Childcare Provider |  |
| Ofsted Registration No.: |  |
| Address of Childcare Provider |  |
| Names and ages of child/children receiving childcare: |  |
| How many hours per week do you provide care for the named children? |  |
| Start date of payments: |  |
| If the rate charged varies during the year, please give details (e.g. 39 weeks term times and 13 weeks non-term times): |  |
| Gross amount charged: Less Early Education funding and Childcare Allowance (if applicable):Net charge:Frequency charged: | £££Weekly/Monthly/4 weekly/ Other (please specify) |
| Signature of Childcare Provider: |  |
| Date:Company stamp (if available): |  |

Please email this form to:

Company stamp (if available):

Benefits@coventry.gov.uk