

Child Care Costs

To be completed by the child care provider	
Name	
Address	
OFSTED/DFE registration number	

Contact details

Telephone number: Fax number: Email address:	Child care provider stamp:
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Please complete the form with the relevant information for each child of _____ (forename) _____ (surname) in your care.

The weekly amounts* completed below need to be the amounts that the parent pays you AFTER any deductions have been made for Government funding for the child.

Name of child	Weekly term time child care costs*	Number of term time weeks attended	Weekly holiday child care costs*	Number of holiday weeks attended	Date childcare costs started at this rate

To be signed by child care provider	Date

Send us the information by:

- uploading it via www.kirklees.gov.uk/claimsupload (most secure method)
- email to council.benefits@kirklees.gov.uk Please type the claim reference _____ in the subject line of your email
- post to Kirklees Council, Benefits Section, PO Box 1661, Huddersfield, HD1 9SR
- giving the completed form to the parent to return directly to us

If you need help please contact me on **01484 414781**.