

## Statement of Childcare Costs

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Hourly Rate: £ \_\_\_\_\_ OR Sessional Costs: £ \_\_\_\_\_

Date Care Commences: \_\_\_\_\_

Notice required for change of hours: \_\_\_\_\_ Weeks

Estimated Costs	Time From	Time To	No of Hours	Local Authority Funding Received	Net Daily Cost
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Additional Costs (Please give details below):					
Total Cost per week:					



## Statement of Childcare Costs

Account Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Building Society Number (If required): \_\_\_\_\_

### Additional Information

Signature of Childcare provider \_\_\_\_\_ Date \_\_\_\_\_