

Childcare Certificate

Part A – to be filled in by the claimant

Claim «ClaimNo»

Fill in and send this form to:

Benefits Service, Dover District Council, White Cliffs Business Park, Dover, Kent CT16 3PJ

Please fill in Part A of this form and then ask your childcare provider to fill in Part B.

Name

Address

Childcare provider's Name:

Address:

Are you a: Dover District Council tenant? owner-occupier? tenant of a private landlord?

Housing Association tenant?

How many hours do you work each week? How many hours does your partner work each week?

Part B – to be filled in by the childcare provider

Please give details of all children under 15, or 16 years-old if the child is disabled, for whom you provide childcare, for the person named above.

Name of child	Date childcare started	Weekly charge. Excluding any government funding, and meals	Number of weeks a year child cared for	Charge during school holidays. Excluding meals	Number of weeks at school holiday charge

Please sign and date the section below, and provide authentication.

Childcare provider's signature:
KCC Registration number:
Full name (printed):
Position held:
Date:

Please authenticate with an official stamp, or if you do not have a stamp, supply a sheet of official headed notepaper:

