Housing Benefit and Council Tax Support Childcare Certificate

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

Part A – to be filled in by the claimant

The childcare provider is the person or organisation that cares for your child or children. If you use more than one provider, you will need to complete a separate form for each provider.

First name: ____________________________  Childcare provider’s full name or Company name: ____________________________

Last name: ____________________________

Daytime phone number: ____________________________  Childcare provider’s phone number: ____________________________

Address: ____________________________

Childcare provider’s address: ____________________________

Postcode: ____________________________

Postcode: ____________________________

Please tick the type of childcare that applies to you:

- [ ] Registered childminder caring for your child in your home or their home
- [ ] Registered nursery care for your child on nursery premises
- [ ] Registered play scheme
- [ ] Nursery or play scheme on government property
- [ ] Out of hours club run by Local Authority
- [ ] Out of hours club at school
- [ ] Other (please describe type of care): ____________________________

Please tell us where care is provided (such as in your home or at a nursery) and give the address:

Phone number of premises: ____________________________
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 over the page:

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Date childcare started at this rate</th>
<th>Term-time weekly charge after Government funding and meals have been deducted</th>
<th>Number of weeks a year child cared for at the term-time rate</th>
<th>Weekly charge during school holidays. Excluding meals</th>
<th>Number of weeks a year at school holiday rate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Adam Smith</td>
<td>25/04/2016</td>
<td>£20</td>
<td>38</td>
<td>£90</td>
<td>14</td>
</tr>
</tbody>
</table>

Declaration:
I confirm the information I have provided is true and complete.

<table>
<thead>
<tr>
<th>Childcare provider’s signature:</th>
<th>Official stamp (If you do not have a stamp, supply a sheet of official headed notepaper):</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFSTED or KCC Registration number:</td>
<td></td>
</tr>
<tr>
<td>Full name (printed):</td>
<td></td>
</tr>
<tr>
<td>Position held:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

Once you have filled in this form and signed the declaration please return it to your Local Authority:

Canterbury City Council
PO Box 2033
Pershore
WR10 9EE
www.canterbury.gov.uk

Dover District Council
PO Box 2031
Pershore
WR10 9EB
www.dover.gov.uk

Thanet District Council
PO Box 2032
Pershore
WR10 9ED
www.thanet.gov.uk