

01444 477264

Email contact for all authorities should be addressed to benefit@midsussex.gov.uk

CHILDCARE

•	Per	SOF	าal [Det	ails
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Parents Surname			
Other Name			
Date of Birth			
National Insurance Number			
Address			
What type of	of Child Care is being	g provided	
Registered Childminder			
Registered Nursery			
Other (please state)			
On what da	te did your child/chi	dren start attending	the above?
Child 1 – Name		Da	to
Child 2 – Name	Da		
	address where child		
Address:			
How often	do you pay childcare	charges?	
Child's Name	Number of Hours per week	Amount Paid	Frequency of Payments (weekly/monthly etc)

• Childminder or Nursery Manager's Declaration

I certify that the above information given about childcare charges is correct and complete.

Signature	
Full Name	
Position Held	
Date	
Name of Local Authority Registered with	
Date of Registration	
Registration Number	