



Benefits Section
South Norfolk Council
Long Stratton
Norwich
NR15 2XE

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|------------|
| Name: |
| Claim ref: |

Part 1 – To be completed by claimant

| PART 1 | | |
|---------------|---------------|-------------------|
| Name of child | Date of Birth | Date care started |
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I declare that the information given on this form is true and complete to the best of my knowledge. I understand that to give false information may lead to prosecution. I authorise the council to verify any information that has been given by me.

Signed:

Dated:

(Please give this form to your Child Care Provider to complete Part 2)

PART 2 – To be completed by Child Care Provider

Listed below are types of Child Care. Please tick which applies to you

- Registered Childminder caring for child in your own home 0
- Registered nursery caring for child on nursery premises 0
- Out of hours club at school 0
- Out of hours club run by local authority 0
- Out of hours scheme run by an approved provider 0
- Registered Playscheme 0
- Nursery or Playscheme on Government Property 0

Other – please state

Address where care is provided

Which local authority are you registered with?

Registration Number:

| Please give the following details for the children listed in Part 1 | | | | | |
|---|---------------------------------|--|--|--|--|
| Child Name | Last 5 weeks / 2 months charges | | | | |
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I declare that the information given on this form is true and complete to the best of my knowledge:

Signed:.....

Dated:

Please print full name and address