| Date Received |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

## **Application for Childcare Costs**



| To be completed by the  | Student (naren     | 4\                |             |                       |                                |               |  |  |  |
|---|--------------------|-------------------|-------------|-----------------------|--------------------------------|---------------|--|--|--|
| Name of Student   | e Student (paren   | ι)                |             |                       |                                |               |  |  |  |
| Name of Stadent   |                    |                   |             |                       |                                |               |  |  |  |
| Name of Course  |                    |                   |             |                       |                                |               |  |  |  |
| am asking for financial   | assistance to cov  | er the cost o     | of childcar | e:                    |                                |               |  |  |  |
|   | Monday             | Tues              |             | Wednesday             | Friday                         |               |  |  |  |
| Number of course hours  |                    |                   |             | Wednesday Thursday Fr |                                |               |  |  |  |
| Details   |                    |                   |             |                       |                                |               |  |  |  |
| Name of Chi   | ld Dat             | Date of Birth Age |             |                       | Name of Nursery or Childminder |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
| Please note that you  | must ask each (    | :<br>:hildminder  | ·/Nurserv   | to complete the f     | orm overleaf                   |               |  |  |  |
|   |                    |                   |             |                       |                                |               |  |  |  |
| You will need to provid   | le us with a copy  | of your child     | /ren's Birt | h Certificate         |                                |               |  |  |  |
| Student Declaration   |                    |                   |             |                       |                                |               |  |  |  |
| <ul> <li>I understand that I v</li> </ul>                           | •                  |                   |             | •                     |                                |               |  |  |  |
| <ul> <li>I understand that page</li> </ul>                          |                    | •                 |             |                       | • •                            | •             |  |  |  |
| <ul><li>I understand that if</li><li>I understand that it</li></ul> | •                  |                   |             |                       | •                              |               |  |  |  |
| month   | is my responsibili | ty to provide     | tile Colle  | ge with all invoice   | nom the Childcare              | provider each |  |  |  |
| <ul> <li>I understand that th</li> </ul>                            | e College will onl | y fund regis      | tered Chile | dcare providers.      |                                |               |  |  |  |
| Signatura   |                    |                   |             | Da                    | to                             |               |  |  |  |
| Signature   |                    |                   |             | Da                    | ie                             |               |  |  |  |

| Date | Received |  |
|------|----------|--|
| Date | NECEIVEU |  |

## **Application for Childcare Costs**



| This form must be o   | completed by the   | Nursery or Child  | dminder   |  |  |
|---|--|---|---|--|--|
| Company Name  | •  | •   |   |  |  |
| Name of Contact   |  |   |   |  |  |
| Address   |  |   |   |  |  |
|   |  |   |   | Postcode   |  |
| Telephone Number  |  |   |   |  |  |
| Name of Student   |  |   |   |  |  |
| Name of Child/ren   |  |   |   |  |  |
| I confirm that I/we are p   | providing childcare for  | or the above child c  | overing the following   | ng days/times per w  | eek  |
|   | Monday   | Tuesday   | Wednesday   | Thursday   | Friday   |
| Number of children in your care   |  |   |   |  |  |
| Number of hours in your care  |  |   |   |  |  |
| Nursery Education<br>Grant  | £  | £   | £   | £  | £  |
| Cost of extras eg lunch   | £  | £   | £   | £  | £  |
| Total cost per day  | £  | £   | £   | £  | £  |
| Total cost per week   |  |   |   |  | £  |
| Do you charge a retai   | iner over the Christr  | mas, Easter or Half   | term holidays?  | Yes No   |  |
| <ul> <li>Payments will beg</li> <li>All payments are dep</li> <li>All payments are be only get assistance</li> <li>If the student's atte</li> <li>The childcare prov</li> <li>All students will be</li> <li>If funding is withdr</li> </ul> I confirm that the ab changes. I understate | ly start once the studin at the start of the per made payable to endent on attendance assed on student attendence for the hours of casendance falls belowyider's contract is with executive to make a sawn the student is required to make a sawn the student is reported to make a sawn the saw | academic year. Lathe nursery/childmice reports, in some tendance and funding the student is at 85% two months in the student and responsible for payment of care supplied | te applications will nder and will be may instances this may ng will be withheld the College. In a row, funding may not with the College month; do not dedu nent of any outstar and I will notify t | be processed when ade by BACs each of delay payment if this falls below 85 ay be withdrawn.  e. act this amount from a ding amounts  he College if there | n received. month. These %. Students will the invoice. |
| Signature   |  |   | D   | ate  |  |