

Shared Revenue Partnership

Ref: **Childminding / Nursery School Fees Confirmation**

Please print this form and ask your childminder / nursery staff to complete the below:

Address

Postcode

Please return this completed form to:

**Grafton House,
15-17 Russell Rd,
Ipswich, Suffolk
IP1 2DE****Full name****To be completed by the Childcare provider:**

I would appreciate your co-operation in completing the following details, which may be of assistance to the above named applicant.

Name / Name of Nursery:**Address:****Contact Name/Telephone No:**

Please say which local authority you are registered with and provide your reference number:

Local authority:**Reference number:**

Please say whom the childcare is provided for (list all children):

Name 1	Name 2	Name 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please confirm the childcare arrangements for each child listed:

Date they first attended:

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of days each week they attend:

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of hours each day they attend:

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Normal weekly charge for each child:

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do they receive Government funding?

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of weeks each year they attend:

Child 1	Child 2	Child 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continued on following page:

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Please complete the table below based upon Fees paid in the last 5 weeks, please advise if there is any reason to expect a change in these fees in the near future.

		Date	Fees Due	Government Funding Received	Fees Paid by Parent / Guardian
1	Week Ending				
2	Week Ending				
3	Week Ending				
4	Week Ending				
5	Week Ending				
		Total			

Declaration - I confirm that the information given is true and complete

Signed _____

Date _____