



South Somerset District Council

Benefits Unit The Council Offices Brympton Way Yeovil Somerset BA20 2HT

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I Potter Head of Revenues & Benefits

Confirmation of Childcare Charges

To be completed by either a registered childminder or an employee of the registered organisation, which provides childcare for:

Clients full name:

Client's full address:
Postcode:

Name of Childminder / Organisation:

Address:
Postcode:

Registration number:

Name of issuing local authority:

Name of child you provide care for: (please complete a sheet for each child you provide care for).

Please detail the last five weekly or two monthly childcare charges.
(Do not include any grants or income).

| | | |
|------------------------|----------------------|------------------------|
| Week/Month commencing: | <input type="text"/> | £ <input type="text"/> |
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| Week/Month commencing: | <input type="text"/> | £ <input type="text"/> |
| Week/Month commencing: | <input type="text"/> | £ <input type="text"/> |

Signature:

Position:

Date:

Official stamp: