

## Childcare Costs

Name	<input type="text"/>	Reference	<input type="text"/>
Address	<input type="text"/>		

### 1. Name and address of the registered childcare minder or agency

Name	<input type="text"/>
Address	<input type="text"/>

### 2. Name and date of birth of child / children being cared for

Child 1	<input type="text"/>	D.O.B	<input type="text"/>
Child 2	<input type="text"/>	D.O.B	<input type="text"/>
Child 3	<input type="text"/>	D.O.B	<input type="text"/>
Child 4	<input type="text"/>	D.O.B	<input type="text"/>

Weekly cost of childcare	£ <input type="text"/>	Registration No.	<input type="text"/>
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**IMPORTANT** - You must provide proof of payment of child care costs. We require proof of five weekly payments if you pay weekly, or two monthly payments if you pay monthly.

### PLEASE COMPLETE THE DECLARATION BELOW

Signature	<input type="text"/>	Date	<input type="text"/>
E-mail	<input type="text"/>	Telephone	<input type="text"/>

**Please return completed form to: -** Benefits Service, Civic Centre, Regent Street,  
Gateshead, NE8 1HH