

Our Ref:
 Contact: 01529 414155
 Email: nkbenefits@lincoln.gov.uk



Name and address

Date:

Please provide the following in support of your request for Child Care costs to be considered:

1. Date your child care costs commenced _____.
2. Receipts of your last two months costs (if receipts are unavailable due to starting work, please be aware that receipts will be required at a later date).
3. Copy of your child's school timetable detailing school holidays, bank holidays etc.
4. Please arrange for your child care provider to complete the box below and sign the declaration including details requested.

Each child cared for under 15 years of age	Amount per week and period covered (the figure given must be the actual amount paid i.e. exclusive of Nursery vouchers)
Child 1 Name:	School Term:
	School Holiday:
Child 2 Name:	School Term:
	School Holiday:
Child 3 Name:	School Term:
	School Holiday:

Signature of Child Care Provider _____ Date _____
 Print Name: _____
 Registration No. _____
 Address _____

I certify that the above is correct and authorise any such checks that may be required by the Benefits Unit. I also undertake to notify the Unit immediately of any change in my circumstances. **Please return to: Revenues & Benefits, PO Box 1257, Lincoln, LN5 5PQ**

Signature of Customer _____ Date _____