

# Housing Benefit and Council Tax Support



Benefits Section  
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Name:

Address:

Claim Number:

Date of Issue:

## CERTIFICATE OF CHILDCARE CHARGES

To be completed by the Childcare provider

Your Name/Organisation

Address:

Name of Local Authority or other body that you are approved by

Your registration number

Name of the child you care for

Address of child (if different from above)

Date childcare commenced

Date childcare is expected to end (if applicable)

## Details of Childcare Charges

**Please detail child care charges:**

	TERM TIME	SCHOOL HOLIDAYS
Number of hours provided weekly		
Hourly Rate		
Gross Weekly charge (before EYFE deductions)		
Number of Weeks charged		
Does the child receive EYFE funding	Yes/No	Yes/No
If so how much per week do they receive in respect of EYFE		

\* EYFE—Early Years Free Entitlement funding

Please use this space if you wish to provide any additional information

**I confirm that the information given is true and complete**

Signature :  Date

Position in business:  Date

(if applicable)

**PLEASE ENDORSE WITH AUTHORISATION STAMP**  
(if applicable)

**Date Protec on Acts 1984 and 1998**

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share the information for the same purposes, with organisations which handle public funds