

**Warrington Borough Council
Benefits & Exchequer Service
Application for Child Care Disregard**

PART A:	Your Details
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Your Reference No:
Your name:
Your Address:

Do you receive money from any other source, for example a Local Authority to help pay for child care?

Yes No (please circle as appropriate)

If YES, who is this paid by? _____

and, how much do you receive? _____

Declaration:

You are required by law to tell the Council's Benefit Office about any changes in your circumstances which could affect your entitlement, as soon as they happen. You can do this either in writing (to the address at the top of the page), or visit us at Contact Warrington, 26-30 Horsemarket st. Our office is open from 9.00am - 5.00pm weekdays, except Tuesday when we close at 4.00pm, or you can phone our office between 8.00am - 6.00pm weekdays.

Signed: _____ Date: _____

PART B:	Please ask your child care provider to complete this part of the form.
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Name Of Child care provider: _____

Registration Number: _____

Registered Address: _____

Weekly Amount paid for Child care: Term Time _____ Holidays _____

Are there different rates for term-time and holidays? Term Time _____
Holidays _____

No. of hours attended by child per week: _____

Signed (Child care provider): _____

Date: _____