Childcare Voucher





Section 1 – Student Details					Section 2 – Provider Details				
Student Name Address		Jenny Jones 22 John Street			Name of Childcare Provider Address:		M Poppins 44 John Street, Consett, Co Durham		
. Iddi ess		Consett, Co Durham, DH8 0ZZ			ridaress.		DH8 OZZ		
Telephone No.		01207 555555			Email Address	mpoppins@gmail.com			
Name of Child (No. 1)		John Jones			Tel. No.		01207 566666		
Name of Child (No. 2)					Hourly Rate	£6.00	£6.00 Daily Rate		
<u> </u>		T. 40 . 0 0		07					
		Time of Session $S = S$	ignature (of Lecturer)					
Verification of attendance at Childcare Provider			Verification of attendance at College						
	Drop-Off Time	Pick-Up Time	AM Sessions (start and finish time)			PM Sessions (start and finish time)			
Monday	8.30 am	4.30рт	T	9.00 - 10.30	11.00 - 12.00 T	1	.00 - 2.30	2.45 - 4.00	
			S	A Teacher	T White S		D Black	A Teacher	
Tuesday	9.00am	4.00pm	T	9.30 - 11.30	Т	1	.30 - 3.30		
			S	B Brown	S	4	1 Teacher		
Wednesday	8.30 am	5.00pm	T	9.00 - 10.00	10.30 - 12.00 T		.30 - 3.00	3.15 - 4.30	
			S	A Teacher	D Black S		T White	A Teacher	
Thursday	12.30рт	5.00pm	T		T	_	.00 - 3.00	3.15 - 4.30	
			S		S		B Brown	B Brown	
Friday	8.30am	12.30рт	T	9.00 - 12.00	T				
			S	A Teacher	S				
Total Hours	32 hours	Week Commencing-	Monday	Childcare Providers Signature M. Poppins					
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	result in late or n		to the F1	nance Departme	nt or financial.support@derv	<u>ventside.a</u>	c.uk on a weekly l	basis, incomplete	
outlits may	result in late of in	on-payment.							
Section 4 – Fo	or Office Use Only	<u> </u>							
Hourly Rate		Daily Rate		T-4.	al Amount Payable		BACS Payment	Data	
HAIIVIN DATA	1	Daily Rate)	I I of	AL A MAUNT PAVANIA		LAIN Daymant	LIGIO	