

**MARY WARD CENTRE
APPLICATION FORM FOR CHILDCARE COSTS
FORM CC1**

Name _____	Student No _____
Address _____ _____	
Post Code _____	Tel _____
E-mail _____	

Course Code	Course Title	Start Date	Finish Date	Day/s	Weeks	Times

Child/childrens details

Name of Child	Date of Birth	Relationship To child

Please attach copies of birth certificates to this application

Are you receiving financial support for your childcare costs from any other source? YES/NO If YES please give details

PLEASE TURN OVER

Amount you are requesting

Cost per half day session	£	Office Use
Number of half day sessions per week		
Weekly cost	£	
Termly cost (if applicable)	£	
Total cost for whole course	£	

I certify that all the information above is correct and I agree to abide by the criteria as outlined in the guidelines for applying for financial support for childcare costs.

Signature of student _____ **Date** _____

Panel Members

Date _____

Signed _____

Signed _____

Amount Awarded

Term 1	Term 2	Term 3
Total		