

**MARY WARD CENTRE
APPLICATION FORM FOR CHILDCARE COSTS
FORM CC2**

Childcare Provider Details

Details required	Please complete information in this column
Name of Childcare provider	
Address of Childcare provider	
Telephone number	
Registration number (please enclose copy of registration document)	

Please complete and sign the following:

I confirm that I will provide childcare for:

Child/ Childrens name/s _____

To enable (carer's name) _____

To attend the Mary Ward centre as a student on the following dates:

Start date	Finish date	Day/s	Weeks	Times

I will be charging £ _____ **per hour**

I will invoice you regularly

Signature _____ **Date** _____

Position _____

**Please send invoices To Lynn Sowerby, Mary Ward Centre, 42 Queen Square,
London WC1N 3AQ**