

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

**Childcare Provider Details**

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

**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:**

<b>Start date</b>	<b>Finish date</b>	<b>Day/s</b>	<b>Weeks</b>	<b>Times</b>

**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**