

**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**

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

**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**

<b>Term 1</b>	<b>Term 2</b>	<b>Term 3</b>
<b>Total</b>		