

parent registration



please complete and return to:

parent registration
Cheshire Childcare Vouchers
83a Earlsway
Chester
CH4 8AZ

Only complete Parent 2 details if your spouse/partner would also like to apply for vouchers

household

address _____

are you claiming child tax credit Y/N

telephone _____

email _____

parent 1

name _____

employer _____

employer's address _____

employer's telephone number

salary _____

amount you'd like to claim each month in vouchers

personnel contact _____

preferred method of communication - ie telephone/email/post etc

parent 2

name _____

employer _____

employer's address _____

employer's telephone number

salary _____

amount you'd like to claim each month in vouchers

personnel contact _____

preferred method of communication - ie telephone/email/post etc

child 1

name _____

date of birth _____

number of days in childcare _____

cost per day _____

childcare provider _____

address _____

telephone _____

contact _____

preferred method of communication - ie
telephone/email/post etc

child 2

name _____

date of birth _____

number of days in childcare _____

cost per day _____

childcare provider _____

address _____

telephone _____

contact _____

preferred method of communication - ie
telephone/email/post etc

child 3

name _____

date of birth _____

number of days in childcare _____

cost per day _____

childcare provider _____

address _____

telephone _____

contact _____

preferred method of communication - ie
telephone/email/post etc

child 4

name _____

date of birth _____

number of days in childcare _____

cost per day _____

childcare provider _____

address _____

telephone _____

contact _____

preferred method of communication - ie
telephone/email/post etc
